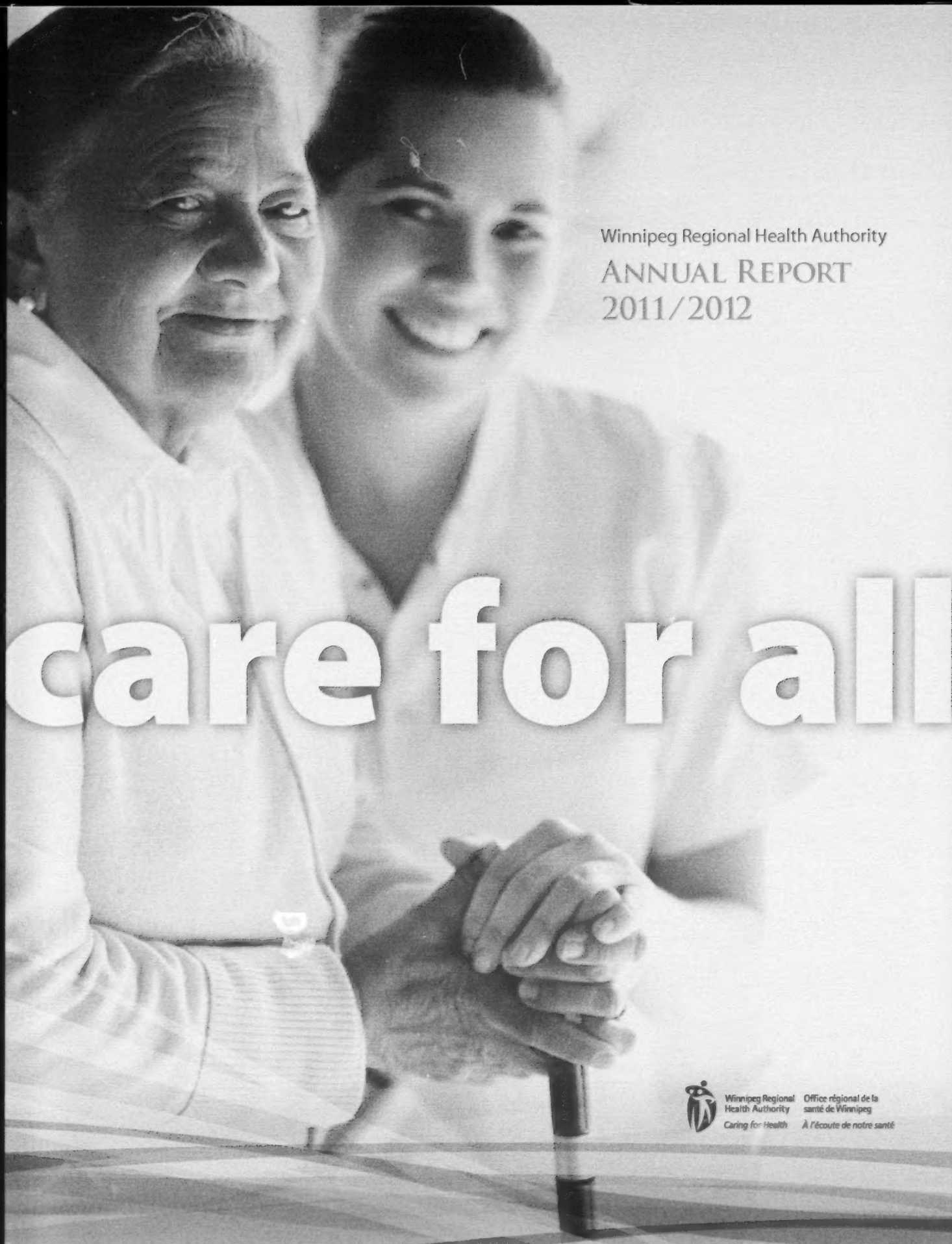
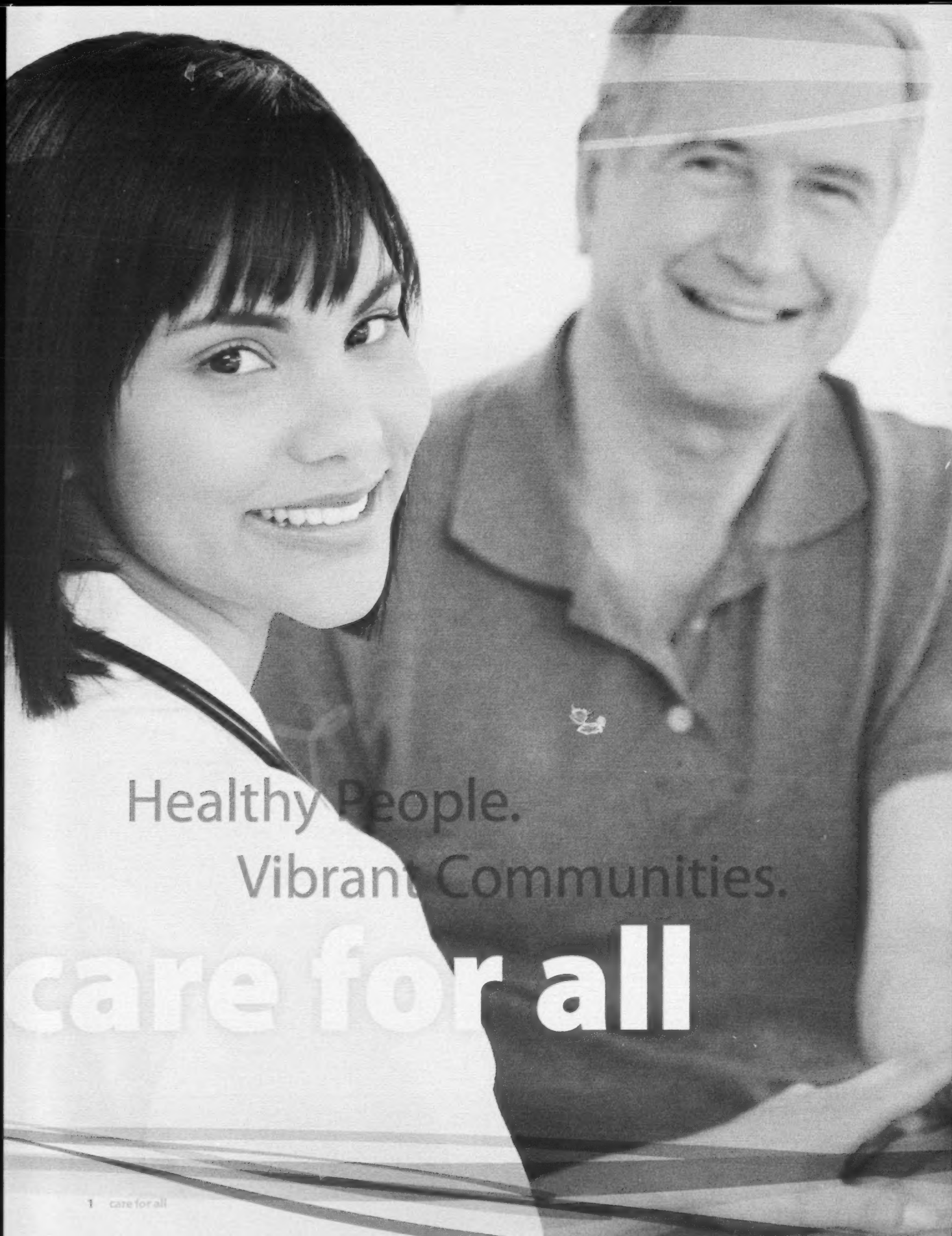

Winnipeg Regional Health Authority
ANNUAL REPORT
2011/2012
care for all
Winnipeg Regional Health Authority
Caring for Health
Office régional de la santé de Winnipeg
À l'écoute de notre santé


Healthy People.
Vibrant Communities.
care for all

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About us
Winnipeg Health Region

Our Region

The Winnipeg Health Region is a collective relationship between many health and social service entities and professions, woven together under various forms of agreements and guidelines, administered and delivered under a regional umbrella. The Winnipeg Health Region serves residents of the City of Winnipeg as well as the community of Churchill, with the amalgamation of the Churchill Health Authority as an operating division of the Winnipeg Health Region on May 30, 2012. As well, we serve the Rural Municipalities of East and West St. Paul, for a total population of just over 700,000 people. The Winnipeg Health Region also provides health care support and specialty referral services to nearly half a million Manitobans who live beyond these boundaries as well as residents of Northwestern Ontario and Nunavut who require the services and expertise available within the Winnipeg Health Region and Churchill Health services.

Our People and Facilities

More than 27,000 people work within the Winnipeg Health Region. With an annual operating budget of nearly $2.3 billion, the Winnipeg Regional Health Authority operates or funds over 200 health service facilities and programs. It is through these relationships that we can collectively understand the opportunities and advantages of working together towards common goals, and enable excellence and innovation in the care we provide.

HEALTH SERVICE FACILITIES operating with the Winnipeg Regional Health Authority include:

Two tertiary hospitals:
Health Sciences Centre, Winnipeg
St. Boniface Hospital

Four community hospitals:
Concordia Hospital
Grace Hospital
Seven Oaks General Hospital
Victoria General Hospital

Six health centres:
Churchill – J.A. Hildes Northern Medical Unit
Deer Lodge Centre
Misericordia Health Centre
Riverview Health Centre
St. Amant Centre
Pan Am Clinic
Women's Birthing Centre

Community based health:
12 Community Health agencies
Rehabilitation Centre for Children
Manitoba Adolescent Treatment Centre
Grant-funded community agencies
22 Community Health offices *including: public health, primary care, home care and mental health services*
Northern Connection Medical Centre

Personal Care Homes
38 Personal Care Homes
12 Supportive housing providers
Quickcare Clinics

ACCESS Centres:
River East
Transcona
Downtown
...under construction:
St. James
NorWest

Key partners and health relationships:
CancerCare Manitoba
University of Manitoba
Diagnostic Services of Manitoba
Manitoba eHealth
Winnipeg Integrated Services *(Family Services and Consumer Affairs)*
Manitoba Housing

For a list of our clinical programs or more information, visit the Winnipeg Regional Health Authority website at www.wrha.mb.ca.

Regional Head Office
650 Main Street, Winnipeg, MB , R3B 1E2
Phone: 204.926.7000 Fax: 204.926.7007

Vision, Mission, Values 2011-2016

In 2011 the Winnipeg Health Region Board of directors approved a new Vision, Mission, Values statement, building upon the priorities from the previous strategic plan. The health region's new five-year plan calls for increased focus on improving the patient experience, enhancing quality and integration and increasing the level of public engagement.

Our Vision

Healthy People, Vibrant Communities, Care for All

Our Mission

To co-ordinate and deliver safe and caring services that promote health and well-being

Our Values

Dignity - as a reflection of the self-worth of every person
Care - as an unwavering expectation of every person
Respect - as a measure of the importance of every person

Our Commitments

Innovation - that fosters improved care, health and well-being
Excellence - as a standard of our care and service
Stewardship - of our resources, knowledge and care

Strategic Directions

What we plan to accomplish over the next five years: Focusing on our mission, guided by our values and conscious of our commitments.

1) Enhance Patient Experience

Enhance patient experience and outcomes by listening carefully to patients and considering their needs when designing and delivering services.

2) Improve Quality and Integration

Improve access to quality and safe care through improved integration of services and the use of evidence-informed practice.

3) Foster Public Engagement

Work with the community to improve its health and well-being by forging partnerships and collaborating with those we serve.

4) Support a Positive Work Environment

Enhance quality care by fostering a work environment where staff are valued, supported and accountable, and who reflect the diverse nature of our community.

5) Advance Research and Education

Work with stakeholders to enhance academic performance through the development of an academic health sciences network where clinical education and research activities are better aligned and integrated.

6) Build Sustainability

Balance the provision of health-care services within the available resources to ensure a sustainable health-care system.

Mission, vision et valeurs 2011-2016

En 2011, le conseil d'administration de la Région sanitaire de Winnipeg a adopté un nouvel énoncé de vision, de mission et de valeurs, construit sur les priorités du plan stratégique précédent. Selon le nouveau plan quinquennal, nous chercherons davantage à améliorer l'expérience du patient, la qualité et l'intégration des services et la mobilisation de la population.

Notre Vision

Une population en santé, des collectivités dynamiques, des soins pour tous

Notre Mission

Coordonner et assurer la prestation de services compatissants et sécuritaires qui favorisent la santé et le bien-être.

Nos valeurs

Dignité - le reflet de la valeur de chacun
Compassion - une attente inconditionnelle de chacun
Respect - la mesure de l'importance accordée à chacun

Nos engagements

Innovation - afin de favoriser l'amélioration des soins, de la santé et du bien-être
Excellence - en tant que norme en matière de soins et de services
Saine gestion - de nos ressources, de notre savoir et de nos soins

Orientations stratégiques

Ce que nous voulons accomplir au cours des cinq prochaines années, en gardant le cap sur notre mission, guidés par nos valeurs, dans le respect de nos engagements.

1) Améliorer l'expérience du patient

Améliorer l'expérience des patients et les résultats obtenus en écoutant plus attentivement les patients et en tenant compte de leurs besoins au moment de concevoir et de fournir les services.

2) Améliorer la qualité et l'intégration

Améliorer l'accès à des soins sécuritaires de qualité en intégrant mieux les services et en utilisant par la suite les pratiques fondées sur l'expérience.

3) Encourager la mobilisation de la population

Collaborer avec la collectivité pour améliorer sa santé et son bien-être en établissant des partenariats et des associations avec la population servie.

4) Favoriser un milieu de travail positif

Améliorer la qualité des soins en créant un milieu de travail dans lequel le personnel est valorisé, appuyé et tenu responsable de ses actes et qui reflète la nature diversifiée de notre collectivité.

5) Faire avancer la recherche et l'éducation

Travailler avec les intervenants pour améliorer le rendement universitaire en constituant un réseau d'établissements d'enseignement en sciences de la santé dans lesquels les activités de formation et de recherche clinique sont mieux harmonisées et intégrées. (Réseau d'établissements d'enseignement en sciences de la santé)

6) Renforcer la viabilité

Équilibrer la prestation des services de santé et les ressources disponibles pour assurer la viabilité du système de soins de santé.

Les orientations stratégiques présentées ici sont entrées en vigueur le 1er avril 2011. Dans notre région sanitaire, les activités présentées dans les entrevues qui figurent dans le présent rapport annuel ont été entreprises en vertu de ces directives et sont guidées par notre vision, notre mission, nos valeurs et nos engagements.

Message from the Board Chair and President & Chief Executive Officer

We are pleased to submit for your review the 2011-2012 annual report of the Winnipeg Regional Health Authority.

Developed in consultation with members of the community and our staff, the Winnipeg Health Region set course this fiscal year on a new strategic plan. This plan, officially initiated in April, 2011, builds on our previous strategies and accomplishments and will help guide our decisions concerning the delivery of health-care services until 2016.

Using our Vision, Mission, Values and Commitments as a foundation, our 2011-2012 annual report is categorized into six strategic directions. Strategic directions are important so that we can always stay on course with our goals and objectives, whether they be at a hospital, care home, Community Office or one of our 38 health programs. As such, we have structured our annual reporting framework based on these directions.

This annual report demonstrates much of the planning and execution performed by 27,000 dedicated people working at more than 200 funded health-service facilities, agencies and clinical programs in our region. While this past fiscal year marks the first of our five-year strategic plan, much has been accomplished. Unfortunately, not all of which can be included in a single annual report. Some strategic activities are at different phases of development. Some are in the planning phase, others are undertaking research or in early creation. Hence, over the next five years we will have many more initiatives to report on.

> *Long gone are the days when our focus was kept within the four walls of a hospital, clinic or care home. Our relationships are now extending beyond individual facilities, organizations, city limits and sometimes even past international borders.*

But as we move forward there will be a parallel sense of urgency that accompanies every strategic direction. Across the country, and around the world, health-care costs have been rising as the population ages and service demands grow. Budgets are tight and efforts must be made to keep costs more manageable while keeping services sustainable. As well, we need to make sure people have access to health-care programs and services that will, in turn, help people stay healthy and avoid or delay the need for more expensive health care down the line.

This challenge will remain with us over the next five years on our road to "deliver safe and caring services that promote health and well-being." But the good news is we have already set a course for a sustainable health care future. Like many jurisdictions across Canada, the Winnipeg Health Region has implemented a number of initiatives to prevent or reduce the onset of illness and make the delivery of care more efficient. Many of our efforts and planning processes are outlined in this report. Research, of course, is a major driver of innovation and sustainability in health care. In Manitoba, we are fortunate to have a number of excellent researchers and facilities working in all areas of medical and community

health sciences, along with significant contributions from our community-supported research foundations. We also enjoy a strong relationship with the University of Manitoba and we are working with the university through partnered organizations such as the Centre for Healthcare Innovation, and Academic Health Sciences Network. More information on these efforts are also outlined in this report.

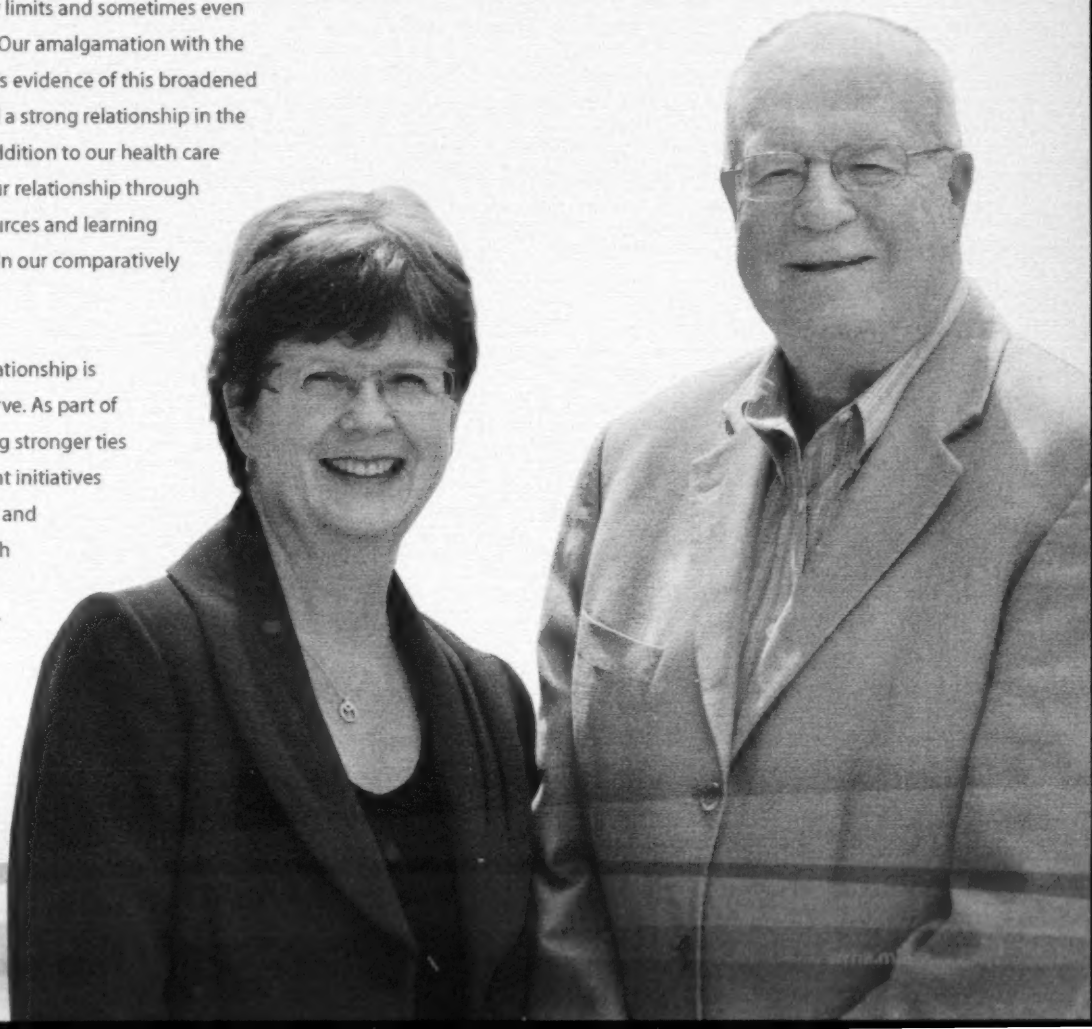
Fortunately, we are not alone in our endeavors. When you take a broad look at health care, there's simply no way we could accomplish our mission of building healthy, vibrant communities without having strong partnerships with like-minded stakeholders. Long gone are the days when our focus was kept within the four walls of a hospital, clinic or care home. Our relationships are now extending beyond individual facilities, organizations, city limits and sometimes even past international borders. Our amalgamation with the Churchill Health Authority is evidence of this broadened scope. While we've enjoyed a strong relationship in the past, they are a welcome addition to our health care fleet. We hope to bolster our relationship through sharing expertise and resources and learning from health care provision in our comparatively unique environments.

Of course our strongest relationship is with the community we serve. As part of this strategy we are building stronger ties through public engagement initiatives that ensure we understand and endeavor to fulfill the health and wellness needs of the communities we serve. Our challenge is to ensure our stewardship of resources, knowledge and care is of high quality, but sustainable within our funding parameters. It is the challenge placed before us, but one we undertake with unwavering focus. We hope this report shares some enlightenment into how our strategy will not only confront this challenge, but also builds on *"health people, vibrant communities and care for all."*

Dr. John Wade,
Board Chair

Arlene Wilgosh
President & Chief Executive Officer

Bios on Dr. Wade and Arlene Wilgosh are available on the wrha.mb.ca website.



Message du président du conseil d'administration et de la directrice générale

C'est vraiment un honneur de vous présenter le rapport annuel 2011-2012 de l'Office régional de la santé de Winnipeg.

La région sanitaire de Winnipeg a orienté cet exercice financier sur un nouveau plan stratégique élaboré en consultation avec les membres de la collectivité et notre personnel. Ce plan, lancé officiellement en avril 2011, prend appui sur nos stratégies et réalisations antérieures et contribuera à orienter nos décisions relatives à la prestation des services de soins de santé d'ici 2016. Notre rapport annuel 2011-2012 comprend six catégories correspondant à six orientations stratégiques inspirées de notre vision, notre mission, nos valeurs et nos engagements. Les orientations stratégiques sont importantes pour que nous puissions toujours rester sur la voie vers la réalisation de nos intentions et objectifs, que ce soit dans les soins hospitaliers ou de longue durée, au bureau communautaire ou à l'un de nos 38 programmes de santé. C'est pourquoi nous avons structuré notre préparation du rapport annuel en fonction de ces orientations.

Celui-ci révèle une grande partie de la planification et des réalisations des 27 000 personnes dévouées à l'emploi de plus de 200 établissements de services de santé, organismes et programmes cliniques financés dans notre région. Même si le dernier exercice financier ne correspond qu'à la première des cinq années de notre plan stratégique, nous avons accompli beaucoup. Malheureusement, nous ne pouvons pas tout mentionner dans un seul rapport annuel. Les activités stratégiques en sont à différentes étapes de conception. Certaines en sont à l'étape de la planification, d'autres ont permis d'entreprendre une recherche ou de franchir les premiers pas d'une mise en place. Mais à partir de maintenant, nous aurons beaucoup plus de projets à déclarer au cours des cinq prochaines années.

> *Il est loin le temps où nous limitions nos ambitions aux quatre murs d'un hôpital, d'une clinique ou d'un foyer. Nos relations vont bien au-delà d'un unique établissement, organisme ou milieu urbain, et dépassent même les frontières internationales.*

À mesure que nous progresserons, un sentiment d'urgence accompagnera en parallèle chaque orientation stratégique. Dans tout le pays, et ailleurs dans le monde, le coût des soins de santé s'accroît à mesure que la population vieillit et que la demande en services augmente. Les budgets sont serrés et il faut s'efforcer d'offrir des services en permanence à un coût gérable. En outre, il faut nous assurer que les gens aient accès aux programmes et services de santé qui, en retour, les aideront à rester en bonne santé et à éviter ou retarder par la suite leur besoin en soins de santé plus coûteux. Ce défi sera constant au cours des cinq prochaines années sur notre route vers « la prestation de services compatissants et sûrs qui favoriseront la santé et le mieux-être ». Mais ce qui est encourageant, c'est que nous nous sommes déjà engagés sur la voie de la pérennité au regard de nos futurs soins de santé. Tout comme de nombreux autres territoires de compétence du Canada, la région sanitaire de Winnipeg a mis en œuvre un certain nombre de projets visant à prévenir ou réduire l'incidence de la maladie et à atteindre plus d'efficacité dans l'offre des soins. Le présent rapport souligne nos nombreux efforts et nos méthodes de planification.

La recherche est bien sûr un important moteur d'innovation et de pérennité au chapitre des soins de santé. Au Manitoba, nous avons la chance de disposer d'excellents chercheurs et établissements œuvrant dans tous les domaines scientifiques de la médecine et de la santé communautaire, ainsi que de fondations communautaires qui apportent d'importantes contributions à la recherche. Nous entretenons également de solides relations avec l'Université du

Manitoba, et œuvrons de concert par l'entremise d'organismes partenaires comme le centre d'innovation en soins de santé et le réseau des centres universitaires des sciences de la santé. On trouvera de plus amples renseignements sur ces collaborations dans le présent rapport.

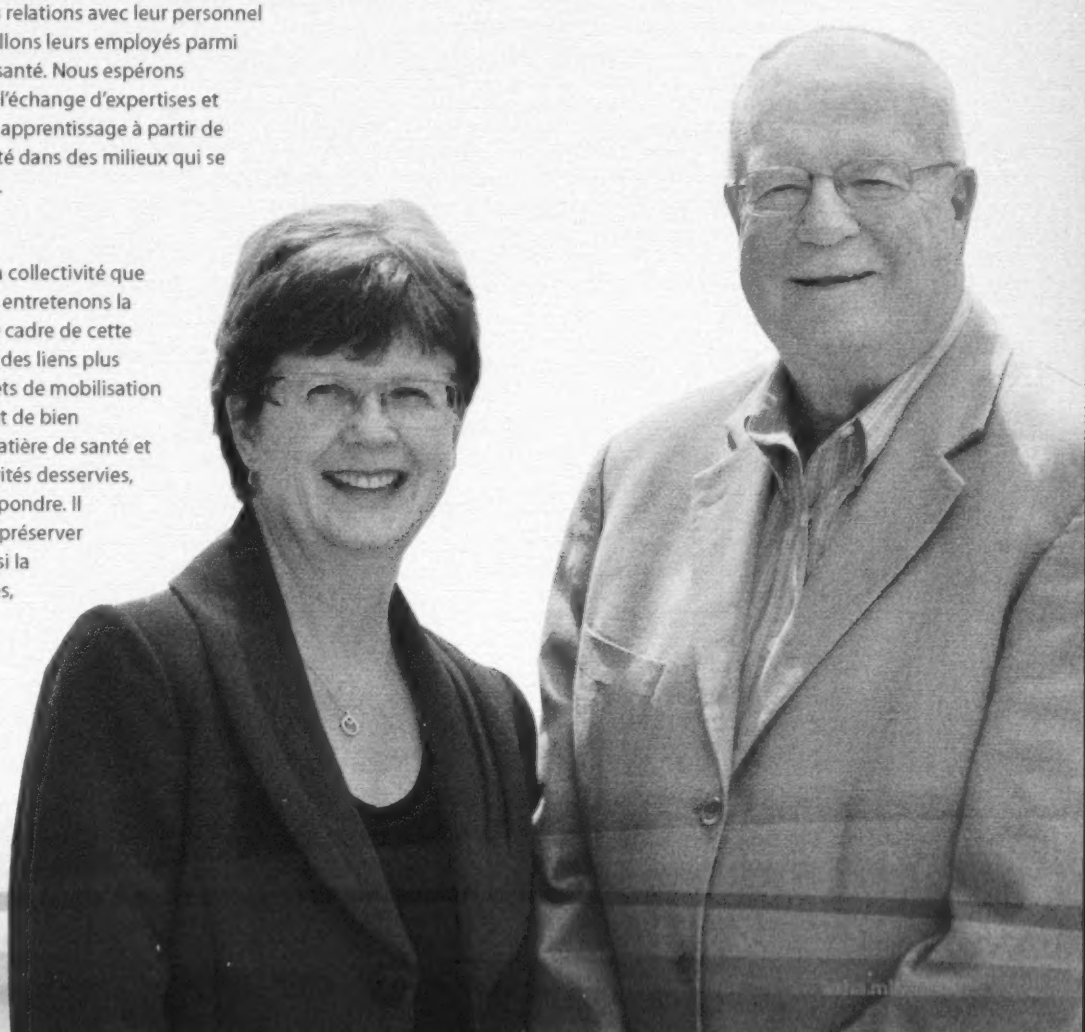
Heureusement, nous ne sommes pas seuls dans cette aventure. Un regard sur l'ensemble des soins de santé nous fait réaliser qu'il serait tout simplement impossible, sans de solides partenariats avec des parties prenantes qui voient les choses sous le même angle que nous, d'accomplir notre mission de rendre les collectivités plus dynamiques et en meilleure santé. Il est loin le temps où nous limitions nos ambitions aux quatre murs d'un hôpital, d'une clinique ou d'un foyer. Nos relations vont bien au-delà d'un unique établissement, organisme ou milieu urbain, et dépassent même les frontières internationales. Notre fusion avec l'office régional de la santé de Churchill témoigne de cet élargissement. Nous avons entretenu de solides relations avec leur personnel par le passé et nous accueillons leurs employés parmi notre effectif des soins de santé. Nous espérons renforcer nos relations par l'échange d'expertises et de ressources, et par notre apprentissage à partir de notre offre de soins de santé dans des milieux qui se démarquent l'un de l'autre.

Naturellement, c'est avec la collectivité que nous desservons que nous entretenons la plus fidèle relation. Dans le cadre de cette stratégie, nous établissons des liens plus stables par le biais de projets de mobilisation du public qui nous assurent de bien connaître les besoins en matière de santé et de mieux-être des collectivités desservies, et qui nous amènent à y répondre. Il nous faut nous efforcer de préserver la grande qualité, mais aussi la pérennité de nos ressources, de notre savoir et de nos soins dans le cadre de nos paramètres de financement. C'est le défi qui s'impose à nous, mais que nous sommes résolus à relever. Nous espérons que le présent rapport éclairera notre stratégie, laquelle vise non seulement à franchir cet obstacle, mais aussi à nous doter de *« collectivités dynamiques, composées de personnes en bonne santé, ayant toutes accès aux soins, sans exception »*.

Biographies du Dr Wade et de Mme Arlene Wilgosh : wrha.mb.ca .

Docteur John Wade
Le président du conseil d'administration

Madame Arlene Wilgosh
La présidente-directrice générale



STATISTICAL HIGHLIGHTS 2010/2011/2012

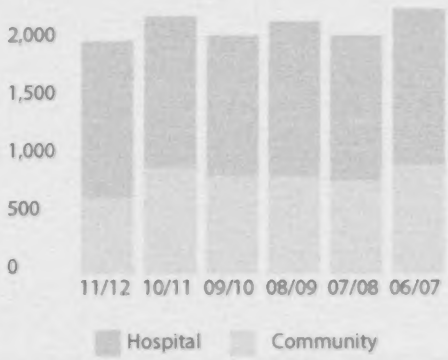
		11/12	10/11	09/10
1. Ambulatory Care Visits (Acute)		588,101	527,963	532,014
2. Emergency Department Visits (All Winnipeg)		287,063	285,092	285,125
3. Urgent Care Visits (includes Misericordia and Pan Am Clinic)		109,246	103,738	103,764
4. Inpatient Discharges[1] from WHRA Facilities by Institution Type	Acute [2]	82,113	81,869	82,086
	Rehab [3]	2,328	2,331	2,400
	Chronic [4]	163	161	186
	Hospice [5]	60	89	80
	Psychiatric Free Standing Facility [6]	228	189	181
	Total	84,892	84,639	84,933
5. Day/Night Care Visits[7] from WHRA Facilities		76,932	77,123	76,928
6. Home Care Clients[8] Receiving Services		14,217	13,982	13,810
7. Main Operating Room Surgical Cases[9] All Sites		63,544	61,800	62,795
8. Births in Winnipeg Facilities [10]		11,007	10,991	10,953

		11/12	10/11	09/10
9. Deliveries in the Winnipeg Health Region	In hospital assisted by Physicians [11]	10,454	10,462	10,441
	In hospital assisted by Midwives [12]	253	258	246
	At home assisted by Midwives [13]	86	83	113
	Birth Centre Deliveries (opened Dec. 2011)	30	-	-
10. Gamma Knife Procedures [14]		310	225	231

11. Total Number of Residents in Personal Care Homes (PCH) [15] and Supportive Housing Clients

Estimated Capacity in Personal Care Home Beds and Supportive Housing Units

Total number of PCH Placements: Fiscal Year 2006-2012 Community and Hospital



		11/12	10/11	09/10
12. Mental Health Community Program	Contacts by Community Mental Health Crisis Response Services [16]	17,380	17,157	16,670
	Contacts by Therapeutic Treatment Services [17]	10,112	10,157	7.624
	Contacts by Mental Health Access Services [18]	1,066	1,114	1,002
	Clients served by geographic based Community Mental Health Workers [19]	1,540	1,503	1,484
	Clients with complex needs served by centrally based Specialized Mental Health Case Management [20]	1,004	1.012	959

		11/12	10/11	09/10
13. Provincial Health Contact Centre Activity (WRHA)[21]	Health Links - Info Santé [22] - Calls Answered [23]	147,239	152,612	187,664
	Health Links - Info Santé - Outbound Calls [24]	3,240	5,274	6,592
	Left But Not Seen - Follow Up Contacts [25]	7,021	6,665	8,460
	After Hours Central Intake Program - Client Calls answered Live [26]	131,106	139,667	134,501
	After Hours Central Intake Program - Outbound Calls [27]	175,398	177,637	132,964

14. MB TeleHealth Contacts [28]	Clinical [a]	5,411	3,731	2,922
	Education [b]	3,007	2,560	2,215
	Administration [c]	1,307	1,144	1,038
	TeleVisit[d]	23	35	39
	Other sessions[e]	10	10	24
	Total	9,758	7,480	6,238

15. Procedure Volumes	2011/12	2010/11	2009/10
Cardiac Procedures			
- All	1,308	1,266	1,142
- Coronary Artery Bypass Graft (CABG)	805	838	863
Joint Surgery			
- Primary Hip Replacements	1,331	1,388	1,220
- Primary Knee Replacements	1,636	1,567	1,504
Cataract	9093	8,304	8,507
Pediatric Dental	1,798	1,762	1,888
16. Diagnostic Imaging			
- CT Scans	108,088	107,764	109,335
- Ultrasounds	96,185	95,845	96,363
- X-rays	308,739	305,895	305,870
- Mammograms	3,189	3,155	3,113
- Nuclear Medicine	22,813	23,481	22,752
- PET	1,444	1,305	1,270
- MRI	58,365	47,913	43,213
- Bone Density	6,574	7,302	6,712
- Angiography	5,796	6,584	7,740
- Cardiac Angiography	12,328	11,137	11,506
Total Diagnostic Imaging Procedures	623,521	610,381	607,874

17. Public Health[2]			
Calendar Year	2011	2010	2009
Postpartum referrals [a]	7,706	7,809	7,901
Sexually transmitted and blood borne infections (STBBI) [b]	3,758	3,751	3,721
Communicable diseases[c]	798	862	1,792
Fiscal Year	11/12	10/11	09/10
Travel Health clients visits[d]	4,805	5,100	4,956
Prenatal referrals [e]	2,014	1,767	1,771
Families First Program - families receiving support[f]	551	542	520
Influenza immunizations[g]	31,340	27,880	251,946
School-based immunizations[h]	17,179	12,292	16,069

18. Dialysis Treatments - WRHA Acute Care Sites[3]	11/12	10/11	09/10
Hemodialysis Treatments [a]	149,496	141,775	132,658
Average # of Hemodialysis Patients [b]	958	909	851
Average # of Peritoneal Patients CAPD	70	69	65
Average # of Peritoneal Patients CCPD	185	180	166

Strategic Directions

1. Enhance patient experience

Develop patient-first focus within the region

The Winnipeg Health Region exists to serve patients and the public. Their needs provide the focus for our priorities and lie at the heart of every decision we make. We recognize that developing and maintaining an organizational culture that puts patients first is not just critical to our success, it also defines it.

Our ongoing efforts to develop a patient-first focus include:

- Physical changes and renovations at Health Sciences Centre continue in order to provide a welcoming, comforting and accessible physical environment for patients and families. This includes: the implementation of a patient and visitor-friendly, way-finding system; renovations to patient care spaces in Adult Emergency, the Addictions unit and the Pediatric Dental Clinic; expansion of the Central Dialysis unit and the opening of the Rotunda Gallery.

- Creating a hiring and performance appraisal toolkit that emphasizes a patient-first focus. By doing so, we are sending a clear signal to existing and prospective employees that the ability to focus on patient needs is not only desirable, but also a fundamental part of the work we do. The ability to adopt such a mindset will thus become a prerequisite to employment for all job applicants. Incorporating a patient-first focus into performance appraisals for existing staff identifies this quality as an important performance metric consistent with the long-held management maxim of "what gets measured gets done." It also demonstrates that the Region is "walking the walk" in terms of evaluating staff contributions to this important strategic priority.

- We have taken care to integrate a client perspective into the development of "Prenatal Connections," a program offering services for women and families from First Nations, Inuit, Metis and other remote communities who must leave their homes to give birth or obtain specialized obstetrical care. Researchers have been working with women staying at Kivilliq Boarding Home, Norway House Boarding Home, Ekota Lodge and Swampy Cree Receiving Home to gain their perspective on improving our service delivery model. With their input, we are better able to design an effective and culturally safe range of prenatal services and supports to meet their needs. Improvements have already been made for clients from Nunavut and will be extended to other locations as resources allow.

- Preliminary work has begun to address the issue of health equity, which suggests that all people can reach their full health potential and should not be disadvantaged from attaining it because of their social and economic status, social class, racism, ethnicity, religion, age, disability, gender, gender identity, sexual orientation or other socially determined circumstance. We are committed to changing health equity outcomes through: An increased equity focus in the services we provide; the way we conduct our planning and operations; in providing knowledge and decision- making support to others, and in partnerships and relationships.

- An important component of our "enhancing the patients experience" strategy, the Patient and Family Advisory Council (PFAC) is a group of people with experience using health services provided within the Winnipeg Health Region. Council members share an interest with the region to improve health services provided in acute care, community health services and personal care homes.
  The purpose of the PFAC is to advise the Winnipeg Health Region on the design, improvement and delivery of services that will enhance the patient and family experience of health services in Winnipeg.

In its first year (2011) the group:

- provided feedback to the region on the WRHA Clinical Practice Guidelines (CPG) for Pain Assessment and Management
- gave consultation on the Safe Patient Discharge from Emergency Departments, which helped create its guidelines
- and reviewed the Patient Guide to Emergency Departments document.

Members represent various social, cultural, and demographic backgrounds and occupations, reporting to Winnipeg Health Region senior management, and President and CEO, via the region's Chief Quality and Patient Safety Officer.

Ensure patients are treated with empathy and understanding

Empathy and understanding are indispensable to the provision of quality health care. We are, after all, people who care for people. We strive to provide care not as an institution, but at a human level that recognizes, embraces and supports the dignity and diversity of those we serve. These values are a central tenet that underpin our actions as individuals and as an organization, supported by the ethics, communication, education and training we impart to staff.

Initiatives and activities in this area include:

- Developing and implementing ongoing processes for collecting information about patient experiences. Key steps in this effort involve the implementation of an annual regional patient experience survey and regular forums to support greater dialogue and networking. Our aims are to better use and interpret patient experience data for quality improvement purposes.

- Working in partnership with CancerCare Manitoba, a Dignity in Care website (dignityincare.ca) has been completed to provide practical ideas and tools to support a culture of compassion and respect throughout the health care system. Built around the core values of kindness, humanity and respect, Dignity in Care is based on 15 years of study by Dr. Harvey Max Chochinov and the Manitoba Palliative Care Research Unit, in collaboration with progressive researchers from Australia, England and the United States.

The site's toolkit includes:

- The Patient Dignity Question (PDQ), the key question everyone working in health care should consider when interacting with patients
- The Patient Dignity Inventory (PDI): 25 potential concerns that should be regularly evaluated by health care providers
- Therapeutic Interventions: Practices to address the 20 most common concerns identified in dignity research
- Dignity Therapy for dying patients: A model for individualized psychotherapy, developed and piloted by the team and intended for people near end of life

- Over the next two years the Winnipeg Health Region will work to provide training related to the ABCDs (Attitude, Behaviour, Compassion, Dialogue) of dignity in care. The ABCDs are a guide for putting the principles of Dignity in Care into action. The framework was developed for everyone who has contact with patients on the job, and who therefore has the opportunity to support the dignity of people who seek help from the health care system. The ABCDs examine how attitudes may affect actions, and how people can take conscious steps to adjust those attitudes and behaviours.

- Work is complete on our Cultural Proficiency & Diversity Framework. The goal of cultural proficiency is to create a health care system that can deliver the highest quality of care to every person regardless of race, ethnicity, culture or language proficiency. While the Winnipeg Health Region has implemented several initiatives to respond to the increasing diversity in the region, there was a need for the development of a Cultural Proficiency and Diversity Framework to capture existing and future initiatives in a more comprehensive plan. The goal is to change a "one-size fits all" health care system into one that is responsive to the needs of a diverse population. The framework is available on our website at wrha.mb.ca/community/commdev/files/Diversity-FrameworkForAction.pdf

French Language Services

In the past year French Language Services (FLS) has collaborated with the management of the new St. Boniface Quick Care Clinic, Birth Centre and Mental Health Crisis Response Centre to develop plans to provide service in French. Work continues with all previously designated bilingual facilities, programs, services and agencies in the Winnipeg Health Region to improve their Active Offer.

care for all

Due to the combination of bilingual staff in key designated positions, as well as those making a voluntary Active Offer, the Winnipeg Health Region is in a more positive position to offer quality services in French to its francophone patients and clients. The public has been encouraged through the media to ask for and to expect service in French.

In the past year, French Language Services surpassed the one million word mark for translation of patient education materials. An internal staff survey in 2011 reveals that a high percentage of respondents understand the value and the importance of providing service in French, creating a positive environment for both the public and staff.

Preparations were undertaken in 2011 – 2012 to deliver a patient satisfaction survey to the francophone community, the results of which will inform the region's next five year French Language Services strategic plan.

FLS is also participating in a regional committee whose goal is to determine how to document a patient's language of choice at the time of their admission.

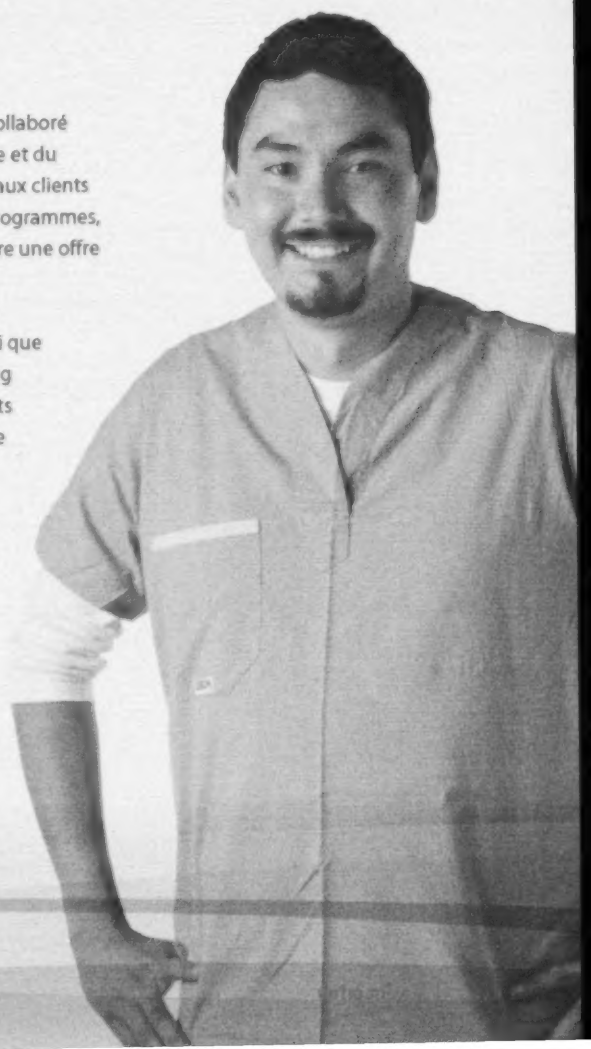
Services en langue française (SLF)

Au cours de la dernière année, le personnel des Services en langue française (SLF) a collaboré avec la direction de la nouvelle Clinique express à St. Boniface, du Centre de naissance et du Centre d'intervention d'urgence en santé mental afin d'élaborer des plans de service aux clients francophones. Les SLF ont également travaillé avec tous les autres établissements, programmes, services et organismes désignés bilingues dans le but d'améliorer leur capacité de faire une offre active de service en français.

Grâce à la combinaison d'employés bilingues occupant des postes désignés clés, ainsi que le personnel qui fait une offre active de son propre gré, la région sanitaire de Winnipeg est mieux outillée pour offrir des services de qualité en français à ses patients et clients francophones. Par le biais des médias, la Région sanitaire de Winnipeg a encouragé le grand public à demander et à s'attendre à un service en français.

À la fin de l'année fiscale 2012 les SLF a dépassé 1 million de mots traduits du matériel éducatif à l'intention des patients.

Un sondage interne du personnel réalisé en 2011 révèle qu'un pourcentage élevé des répondants comprend la valeur et l'importance d'assurer un service en français ce qui crée un milieu agréable tant pour les clients que pour les employés.



"Like the human body, health care service is a complex, integrated and collaborative process. Just as one organ can not function on its own, nor can one specialty service, program or function of health care operate independently."

En 2011 – 2012 les SLF ont préparé un sondage de satisfaction auprès des clients. Les résultats informeront le développement du prochain plan stratégique quinquennal des Services en langue française.

Les SLF participent également à un comité régional dont l'objectif est de déterminer la langue de préférence d'un patient au moment de son admission.

Improve patient and family education

More than ever, patients and their families want to be engaged in their own care. To assist them in that goal, the Winnipeg Health Region continues to develop resources and tools that contribute to greater understanding of our programs and initiatives, as well as the keys to achieving good health and a high quality of life. We assess these efforts on an ongoing basis to ensure that the knowledge and information we share is accurate, accessible, supported by evidence, and culturally appropriate.

Our educational efforts include:

- In the spring, the Winnipeg Health Region partnered with the Winnipeg Free Press to launch WAVE Online, a news feed located in the "Your Health" section at winnipegfreepress.com. The news feed includes stories from our popular WAVE magazine and our website, along with additional information relating to healthy eating, research and innovation, active living, life balance and other health-related news.

- Evidence and research shows the impact of collaborative care — what occurs when health providers work cooperatively with patients and their families, and people from within and outside their own profession — has numerous and far-reaching benefits. The Winnipeg Health Region launched its own Collaborative Care initiative in 2012 to provide information, resources and support to help individuals, managers, teams and facilities to integrate collaborative care into their daily work. Among this initiative's guiding principles is the understanding that the person receiving care will be respected and supported as an equal member of the health care team at all points in his or her care journey. More information about Collaborative Care is available to staff and the public at wrha.mb.ca/collaborate.

- The Winnipeg Health Region continues to follow up on recommendations made in a 2011 report that examined how achieving consensus between patients (and their families and representatives) and health care providers over end-of-life issues can be better supported. Recommendations from the report focuses on education and improved communication to clarify patient and family wishes as early as possible, including:

  - Publicly promoting and offering educational sessions about Health Care Directives and Advance Care Planning to identify patients' or their representatives' wishes about end-of- life care as early as possible;
  - Increasing and improving communications among health care providers, patients, their families and representatives throughout the care process;
  - Increasing access to mediation and ethics support services for patients, families and staff to help resolve disagreements in a timely, supportive and respectful manner; and
  - Improving other processes involving the care of and communications surrounding patients (and families) potentially facing end-of-life decisions.

2. Improve Quality and Integration

Enhance provincial and interprovincial access

Like the human body, health care service is a complex, integrated and collaborative process. Just as one organ can not function on its own, nor can one specialty service, program or function of health care operate independently. To improve quality and integration in the provision of health care service we are enhancing provincial and interprovincial collaborations, such that the public has better access to these services, the quality of the service is enhanced, and capacity is increased.

Some examples of our collaborations within this strategy include:

- More specialized poison control services are available in Winnipeg and Manitoba, and is staffed by a multidisciplinary team of toxicology and poison experts, including doctors, nurses and pharmacists through the Ontario Poison Centre (OPC). These professionals work directly with health care providers and emergency medical services teams across Manitoba on poison control intervention.

- Families dealing with a variety of challenges for their children – physical, social, psychological, will be able to access specialized services under one roof with the development of the "Specialized Services for Children and Youth (SSCY) facility at the former Christie Building on Notre Dame Ave. The facility will house a compilation of provincial and regional health services such as the Rehabilitation Centre for Children, Society for Manitobans with Disabilities and Community Respite Services, formerly located throughout the city. Having these services under the new, 92,000-square foot facility, with close proximity to the Winnipeg airport, will also benefit families traveling from Northern Manitoba, Northwestern Ontario, and Nunavut seeking services.

- Receiving rapid access to health services can sometimes be challenging, especially in rural or remote areas. The Alberta-based Shock Trauma Air Rescue Society (STARS) will become another important link in the chain of emergent and acute care service access at Health Sciences Centre (HSC). The province currently contracts the helicopter ambulance service based out of the James Richardson International Airport. Emergency service will be enhanced further with development of a helipad on the roof of the diagnostic imaging building on the HSC campus. Construction of the new building began in summer 2012.

  At Health Sciences Centre, focus continues on providing safe, seamless, ethical and collaborative transition of care for the diverse communities the hospital serves., including people living in adjacent neighbourhoods. Examples of working collaborations with other community-based organizations on projects include: the establishment of a Convalescent Care Unit (in partnership with Salvation Army); Outreach Patrol (with the Downtown and West End BIZ); the Main Street Community Caring Circle; and partnerships to facilitate effective patient transfers with Main Street Project, Winnipeg Police Service, and Winnipeg Fire and Paramedic Service.

- Manitoba Housing and the Winnipeg Health Region are working together on housing and health issues for the homeless, through assistance from the Cross Department Community Initiatives Program. Through support from this program and CentreVenture, the Bell Hotel Supportive Housing complex on north Main Street has been redeveloped into 42 self-contained suites of affordable, permanent housing for people who have been homeless. The Winnipeg Health Region, along with other partners, assist people residing in the hotel by coordinating health-care services and connections to social services.

- Manitoba has some of the highest rates of chronic kidney disease in Canada. Many patients live in remote northern communities and may need to take a costly and time-consuming trip to Winnipeg to receive renal care. Those trips to Winnipeg, however, may be fewer and further between thanks to a pilot project involving the Manitoba Renal Program, Health Sciences Centre, Thompson Renal Health Clinic, the Northern Regional Health Authority and Manitoba Telehealth. Through integrated operations, patients at the nurse-led Telehealth Renal Health Clinic in Thompson are able to communicate via live video stream with an interdisciplinary renal team at Health Sciences Centre. Patients can access health services from kidney specialists, dieticians, pharmacists, social workers, or other expertise, saving a costly trip to Winnipeg.

Improve primary care infrastructure and performance

For some Manitobans access to primary care health services can be a challenge, which then creates a challenge to the health care system such that patients will seek care in emergency rooms when other care alternatives are unavailable. To address this issue the Winnipeg Health Region has a number of strategies in place that involve working collaboratively with our primary care physicians in our region.

In the spring of 2012 the Winnipeg Health Region held town hall discussions with family physicians in six community areas across Winnipeg. The purpose of the meetings was to bring physicians and the health region together to plan and formulate a Primary Care Network in the region. Such a network would bring together fee-for-service physicianswho could develop an inter-professional team approach to improve primary care in the region – including the challenges of after-hours care and emergency department usage.

Some of the themes emerging from the meetings included continuity of care for patients, after-hours delivery of care, and provision of extended clinic hours in paired community areas. Discussions also revolved around how doctors can accept more patients in their already burdened patient load, possibly using inter-professional collaborative teams to share the workloads, and "Shared Care" models to address challenges in accessing specialty services such as diabetes education, mental health, etc. Planning teams consisting of family physicians and regional health authority members of paired community areas are now working on these solutions. By bringing together key players into the network, working with the provincial government, the region and physicians can all move forward to address current and future challenges facing the health system

The principles of prevention and promotion are based on effective public communication and building awareness of wellness activities which can give people the knowledge they need to live healthier lives.

Under the Geriatric Program Assessment Team (GPAT), clinicians visit at-risk seniors to assess their overall health and well-being, and determine whether they need support from services such as home care or Meals on Wheels. The GPAT program is considered to be one of the best of its kind in Canada, and recently received a Leading Practice designation from Accreditation Canada, the agency responsible for reviewing health-care practices.

Improve system integration through coordination of care, health information management and use of evidence-informed practice.

The provision of care is a mutli-disciplined, multi-functional process that involves a variety of services and expertise – doctors, nurses, specialists, diagnostics, hospitals, clinics. Integrating the activities of these disciplines can be a challenging task, however, doing so can reduce repetition of processes, reduce costs, and enhance focus on patient-centred care. The Winnipeg Health Region has taken initial steps as part of this strategic priority via its Clinical Service Portfolio. This portfolio has brought together clinical services across the region and engaged them in collective strategic planning efforts of their services. Going forward this portfolio will lead other planning efforts related to clinical services, including hospitals, cancer care, community renewal and provincial planning, towards a coordinated and integrated model of care that focuses on the patient and paves a seamless journey through the health care system.

Collaborative Care is a term used in health care where multiple health providers from different professions provide clinical and non-clinical health-related services by working with people receiving care, as well as their families, care providers and their community. Research has shown that inter-professional collaborative care results in better health outcomes for patients, and creates a healthier work environment as professionals respect each others' expertise and focus their efforts around the person receiving care. The Winnipeg Health Region has committed, as a strategic priority the advancement of inter-professional collaborative care and education throughout the region. An Action Plan for Collaborative Care and Services in the region has been developed and approved by senior management. As part of this action plan online information has been placed on the wrha.mb.ca website that includes resources and toolkits for staff to help build a collaborative care team for their unit of care. Going forward, team developers are working on a certification program for units that demonstrate active principles and competencies of collaborative care practice.

EChart Manitoba is a secure electronic system that connects authorized health-care providers with key health information about their clients, with the goal of improving efficiency, access, safety and the quality of care. EChart

Manitoba increases the ability of care providers to make informed decisions in a timely manner, knowing the information is current, secure and confidential. As of March 31, 2012, eChart Manitoba was available at 44 primary care clinics and emergency departments in Manitoba.

EChart has become a regular adjunct to providing care for many clinicians across the province over the last year. In 2011, eChart was used by 652 health-care providers to support over 25,700 patients. EChart adoption grew steadily over the course of the year as it became available to more sites and health-care providers. (Adoption was also influenced by the number of sites implemented, and quality and quanity of information.) During the 2011/12 fiscal year, eChart Manitoba was implemented at 16 locations in Winnipeg for a total of 39 sites throughout Manitoba.

EChart Manitoba contains information from the following data sources:

- Manitoba's Client Registry (name, address, birth date)
- Manitoba Immunization Monitoring System (MIMS)
- Drug Program Information Network (DPIN)
- Lab data from Diagnostic Services Manitoba (DSM) – Winnipeg and Brandon
- Gamma-Dynacare Medical Laboratories
- Unicity Laboratory (Rothesay location)

In November, 2012 eChart Release 2 became available, which added diagnostic imaging reports and encounter information from St. Boniface Hospital into eChart. Moving forward, eChart Manitoba will continue to enhance the information available and continue to deploy to sites across the province.

The provincial Admission, Discharge and Transfer (ADT) system is the foundation of a vibrant and comprehensive automated hospital information system of the future for the Winnipeg Health Region and the entire province. St. Boniface Hospital and Seven Oaks General Hospital were the first two sites to implement the provincial ADT system, as part of an initiative to standardize ADT systems in the province.

The provincial ADT standard is based on the system at St. Boniface Hospital, and is a building block of the Electronic Patient Record (EPR). St. Boniface Hospital's ADT system was upgraded with the needed changes in November 2011;

Seven Oaks General Hospital was the second site to join the system in January 2012. Grace Hospital was successfully implemented in April 2012 and Concordia in in July 2012. The remaining Winnipeg sites – Victoria General Hospital and Misericordia Health Centre – will implement the provincial ADT system by 2013, when the project is expected to finish. Seven sites from the Interlake-Eastern Regional Health Authority (formerly Interlake RHA) are scheduled to implement the same ADT system by the end of 2012.

The Community EMR Implementation Project has introduced the Electronic Medical Record (EMR) system known as "Community EMR," into select primary-care and community-care facilities and programs operated by the Winnipeg Health Region. In the 2011/12 fiscal year, the project implemented an EMR into 14 sites.

The Community EMR provides a secure, shared database of patient information for authorized health-care providers connected to the system across the region. In addition to increasing providers' access to information, the EMR can help to improve efficiencies and manage client care by eliminating paper charts and moving to electronic processes. As of February 2012, there were more than 62,000 active patient records in the Community EMR.

Improve and maintain patient safety

While it is always the intent of health care providers to 'do no harm' there are incidents in which processes or human error can cause unintended harm. Health care providers have avenues and processes to watch for, report and mitigate such incidents; however, everyone has a role to play in the safety of patients, including the patients themselves.

The Winnipeg Health Region provides an online patient safety toolkit for patients, or their families or representatives, to help them address concerns or questions they may have about their care, or the care of someone they know. Developed by the Manitoba Institute of Patient Safety the SAFE toolkit is accessible on the wrha.mb.ca website. It contains information on how to talk to a doctor, work with pharmacists, patient safety contact, how to communicate concerns and what to do if harm happens.

The website content also includes educational material for health region leaders and staff, including training scenarios and tools on how to communicate with patients.

Going forward the patient safety team will continue to improve accessibility of public information reporting regarding suspected critical incidents, and analyze data to identify trends and share information broadly.

Improve access to health prevention and promotion activity

The principles of prevention and promotion are based on effective public communication and building awareness of wellness activities that can give people the knowledge they need to live healthier lives.

The Population and Public Health sector of the Winnipeg Health Region is developing a regional strategy for health prevention and promotion service in the region. This strategy will also include working with external partners in the community in the areas of physical activity promotion, nutrition, healthy sexuality, harm reduction, healthy parenting and early childhood development.

Sharing knowledge with these agencies and partnerships is one of the first steps in this strategy. Compiling data collected through community health assessment and other community health indicators, the region is creating surveillance reports on major chronic diseases and health issues such as tuberculosis, sexually transmitted infections, influenza – reports that will be published in print and posted on the wrha.mb.ca website. The data within these reports will assist the health region and other public health agencies to identify gaps and needs in services and prevention strategies.

The health authority is working not only to reduce waiting periods, but also understand what causes them, what changes need to be made to reduce them and what we can all do to help reduce wait times for health services.

Significant investment has been placed into upgrades at emergency departments at Health Sciences Centre Adult Emergency, Victoria General Hospital, and in the near future Grace Hospital. But new facilities alone will not address wait time challenges in the region.

As our population ages, demands on services will increase; however, the health region is engaged in strategies that not only focus on service capacity of our health system, but also on preventative measures to help reduce increased pressures on health services.

For example, we have established a Chronic Disease Collaborative to help manage chronic disease health service links between the primary care providers and our health services.

care for all

The CDC facilitation team has conducted surveys of our community areas to scan current chronic disease health service links with primary care providers. From this information the CDC will create a framework of programs and services in our region that are complimentary and better linked with primary care. This information can also help patients with chronic diseases receive better access to services they need, avoiding bottlenecks where some services may be overburdened while others are under utilized.

A similar approach is being applied to orthopedic surgery through the establishment of Orthopedic Central Intake. The central intake system is a new system whereby patients are assigned via a central office to orthopedic surgery slates available at hospital surgical locations. In the past, patients requiring orthopedic surgery would be assigned surgery to a specific surgeon by their primary care provider or clinic. In the new system the central intake office assigns patients to surgery based on all orthopedic surgery slates at Grace or Concordia Hospital. Patients still have the option to request a specific surgeon, however, they have to wait for that surgeon's availability.

Often, patient wishes are not known before they are in a terminal health situation, unable to speak for themselves. Following reports from the Winnipeg Health Region and our board of directors on Withholding/withdrawing Life-Sustaining Treatment the health region is implementing a plan to better support consensus-building among patients, families, advocates, and health care providers regarding end-of-life treatment for seriously ill patients. Documents such as the WRHA Advance Care Plan, and Health Care Directives are being promoted through education and public awareness efforts to encourage families to plan their final days of care in advance.

We are working with government and other health agencies to provide care alternatives for people who need health services, but end up in the emergency department as a last, or only, alternative.

The Winnipeg Health Region welcomed the first Quickcare Clinic on McGregor St. in the spring of 2012. The clinic offers convenient access to primary care services with evening and weekend hours. Nurse practitioners and registered nurses at the clinic can diagnose and treat minor ailments, and perform immunizations, all of which can take the pressure off family physicians and save unnecessary trips to emergency departments.

Re-development of the Grace Hospital emergency department will include a specialized unit with 10 beds to serve the complex needs of elderly patients visiting the emergency. The new department will also improve patient flow by adding a new triage area, a rapid assessment zone in the waiting room, and expanding its minor treatment area. With financial assistance from the province, the hospital will add health care professionals to attend to non-critical patients, allowing physicians to focus on more critical cases.

Patients with mental health issues or in mental health distress will be able to access treatment at a new 24-hour community mental health crisis response centre currently under construction at the Health Sciences Centre campus.

The centre will be able to assist some 10,000 people who seek mental distress care at hospital emergency department in Winnipeg each year. These patients will be able to access the 24-7 walk-in service staffed by clinicians with mental health expertise, and receive more appropriate care and timely intervention.

In similar fashion, Health Sciences Centre is collaborating with Addictions Foundation of Manitoba (AFM) to develop algorithms to help redirect patients in the hospital so that they receive appropriate care and timely intervention.

Improve physician alignment and engagement

The majority of primary care and family physicians in the health region are independent operations, not directly bound by the procedures or policies of the Winnipeg Health Region's acute, long term care or community health services. However, the health services primary care physicians provide are intricately linked with the services provided by our hospitals, clinics, diagnostic services and public health entities. As such, it is imperative that collaborative links be fortified between these and other care providers.

To help strengthen this relationship the Winnipeg Health Region collaborates with family physicians on a quarterly basis through the Family Physician Action Council. The council is comprised of fee-for-service physicians representing various community areas in Winnipeg, along with WRHA Medical Directors for Family Medicine, Primary Care and ACCESS Centres, and Chief Medical Officers.

Reduce inequities in access to care

Demographic changes in Manitoba and Winnipeg are making the region increasingly diverse. The Winnipeg Health Region has undertaken several strategies to address diversity of the populations: Aboriginal Health Program, Language Access, Bridgecare Clinic for new immigrants, to name a few. Winnipeg Health Region, together with Aboriginal Health Programs, Research and Applied Learning, and the Primary Health Care Program have prioritized a commitment to develop a Regional Cultural Proficiency Framework to support our commitment to cultural proficiency in the delivery of health care services.

"We will work with people and organizations in the community to improve health and well-being. We will lead and participate in effective partnerships with a broad range of stakeholders. We will listen and respond to the needs of our community."

The goal of cultural proficiency is to create a health care system that can deliver the highest quality of care to each person, recognizing his or her race/ethnicity/culture or language proficiency. A Cultural Proficiency and Diversity Services Advisory Committee was established and created a "Framework for Action: Cultural Proficiency and Diversity" document as a guide towards building the health region's cultural proficiency.

One of the key values of the Health Region's strategy is "Respect – as a measure of the importance of every person." Upholding the principles of this value, the Winnipeg Health Region has established a regional Promoting Health Equity initiative, titled: "Health for All."

In Winnipeg, the life expectancy of a person living in the core area of the city is impacted by as much as 18 years, as compared to people living in the suburbs. The Winnipeg Health Region believes it doesn't have to be this way.

The principles of Health Equity suggests that all people can reach their full health potential and should not be disadvantaged from attaining it because of their socioeconomic status, social class, racism, ethnicity, religion, gender, age, disability or other socially determined circumstance.

A Regional Promoting Health Equity Oversight Committee has been established with working groups tasked with understanding the problem of health inequities in our community. Also, an evidence review document is currently being built that will be shared electronically with key partnerships in the community. Working together with these like-minded partners the health region will move forward to communicate and encourage government and community understanding and action on health inequity.

3. Foster Public Engagement

Demonstrate public and community accountability and transparency by fostering two-way communication

The Winnipeg Health Region strives to be accountable to the people we serve and to operate in a manner that is open, transparent, and respectful of public input and dialogue. We recognize that effective health care is not solely the purview of health care professionals – it requires active participation from a broad spectrum of community experts and stakeholders.

In 2012, our efforts relating to accountability, transparency and two-way communication were many and varied:

- A new regional communications plan is under development. This plan will chart the course to more effective communications both within the Winnipeg Health Region, and among the Region, the public, and our various stakeholders. The plan is the focal point of an effort built upon existing strengths while addressing opportunities for improvement, and helping to ensure optimal use of our internal and external communication resources and technologies.

- Building upon our existing Community Development Framework along with principles endorsed by the International Association for Public Participation and the United Kingdom's National Health Service, a public engagement framework has been developed. The framework includes guiding principles relating to public communication, public participation and public collaboration. The framework has been presented to and endorsed by our Public Engagement Council and will be implemented in the 2012-2013 fiscal year..

- The Community Health Advisory Councils (CHAC's) have been providing advice and their unique community perspectives on significant health issues to the Winnipeg Health Region Board for over nine years. There are six Councils that represent community areas from across the health region. Each council is comprised of approximately 15 individuals from diverse backgrounds, all with the desire to ensure that the health system and health services continue to meet the needs of people in the Winnipeg Health Region. The Councils explored two topics in their meetings this past year. During their first set of meetings in September to November 2011, the councils were asked to explore the topic of public engagement. The councils shared their insights and suggestions about public

"The Winnipeg Health Region strives to be accountable to the people we serve and to operate in a manner that is open, transparent, and respectful of public input and dialogue."

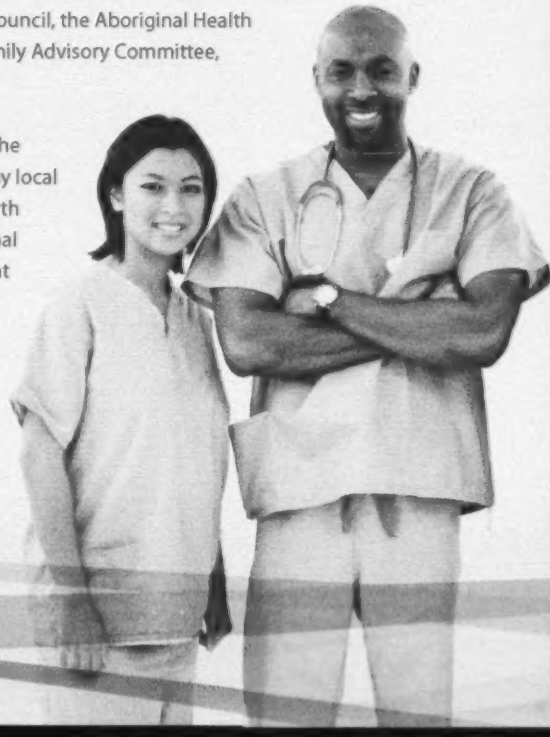
and patient engagement that would help inform the guiding principles of public engagement and the public engagement plan. This report was presented by the Council Chairs and Vice-Chairs in January 2012 and is now being used by the Public Engagement Council. The councils' second topic was cultural proficiency. They explored and provided input into this topic over the course of two meetings from January to April 2012, sharing their insights and suggestions about how the region could increase the cultural proficiency of staff and volunteers in order to improve health outcomes, and to reduce health inequities of populations experiencing cultural and linguistic barriers. This report was presented to the board and senior management at the All Councils Meeting on May 23, 2012. It is also being used by the Cultural Proficiency Steering and Advisory Committees in the development of the region's cultural proficiency action plan.

- The Mental Health Advisory Council is an advisory group appointed by and reporting to the Winnipeg Health Region's Regional Adult Mental Health Team. The council is an opportunity for consumers, family members, and other interested individuals to provide input regarding mental health service planning, implementation, and evaluation. Volunteer members participate in a dialogue on a broad range of health and human service issues that impact the lives of people with mental illness and their support networks.

- We continued to engage with our advisory councils including the Elders' Advisory Council, the Aboriginal Health and Human Resources Advisory Committee of the Board, the Children's Hospital Family Advisory Committee, and the Renal Patient Representative Committee.

- At HSC, focus on building trust of the public we serve continues, with emphasis on the people in our adjacent neighbourhoods. This occurs through partnerships with many local schools, employment, and other community agencies, including: Children of the Earth School, RB Russell Vocational High School, Urban Circle, CAHRD, and the International Centre. These partnerships support education, career development and employment and strengthen recruitment opportunities for HSC.

- As was the case in previous years, our annual general meeting also provides the opportunity for public participation and engagement. The event, held in October each year, provides an overview of the year's initiatives and accomplishments and acts as a forum for input and questions from the general public regarding the past year and our direction going forward.



Engage the public in planning, policy development, decision-making

The Winnipeg Health Region recognizes the invaluable role public input plays in the development of effective planning, policy development and decision-making. We continue to seek out and facilitate opportunities to build meaningful dialogue that helps ensure that we are responsive to the needs of the community, and that our decisions and policies accurately reflect changing public priorities and expectations.

Examples of our efforts include:

- A Public Engagement Council was established to oversee the implementation of this strategic priority and to work to build a culture of engagement within the Winnipeg Health Region. Public engagement in health is built on the belief that those who are affected by a decision have the right to be involved in the decision-making process and that the public is a critically important stakeholder in health care.

The Council's role includes:

- building internal capacity that supports the development and implementation of good practices in public engagement;
- providing oversight and guidance for the implementation of public engagement throughout the region; and,
- developing a regional strategy and associated action plan that supports meaningful and appropriate public engagement across the region.

- The Winnipeg Health Region is working to expand its existing public engagement activities, using our Public Engagement Framework as a guide. This effort includes public meetings to review issues related to our strategic plans, program budgeting analysis and quality improvement initiatives. It also includes the development of a communications tool kit for use by our key primary health care sites and programs in their ongoing efforts to build public engagement.

- We continue to make efforts to help ensure that public input into our programs and operations accurately reflects Winnipeg's cultural and economic diversity. When choosing participants for focus groups and community advisory committees, for example, we take care to include people representing a wide cross-section of neighbourhoods, backgrounds, ages, abilities and ethnicities. The resulting input provides a more accurate "snapshot" of how our activities can be better tailored to the needs of the community and of specific demographic groups.

care for all

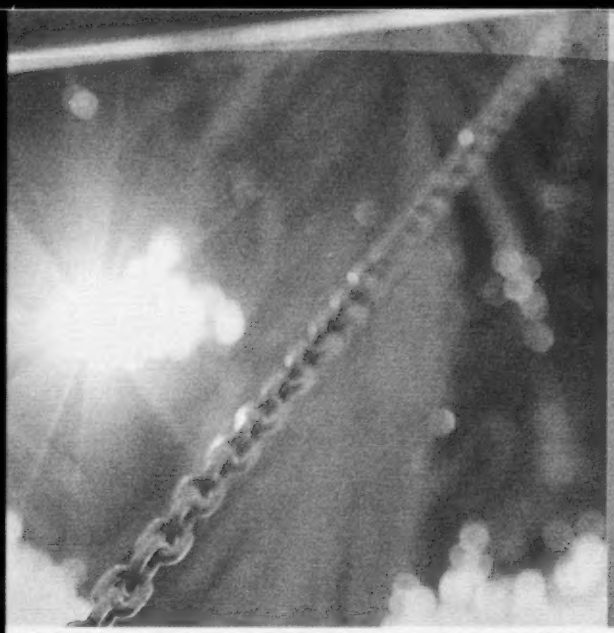
Engage community in improving health and well-being of the public

Few know the public health care system better than those who use it. And just as a private business looks to its customers for suggestions on how service can be improved, so too, does the Winnipeg Health Region look for opportunities to more fully engage our clients in our efforts to better meet their needs.

- The Winnipeg Health Region is moving toward the development of a common survey tool for measuring client experience (i.e. customer satisfaction). Working with a survey agency that meets Accreditation Canada's standards, our goals in developing a common client experience survey are to promote quality improvement initiatives at all service delivery sites and programs within the health region and to provide an accurate indicator for improvement from year to year. This work is a follow-up to a successful pilot project conducted in November of 2010 that surveyed client experience in six acute care sites.

- As a direct result of a suggestion from our Community Health Advisory Councils, we are conducting a pilot project that makes use of volunteers to gather client feedback from selected Home Care clients. Anticipated benefits of this pilot include: improved public support of decisions, affecting the Home Care program; increased trust in and a sense of ownership of the program; stronger relationships with Home Care clients, and increased staff commitment to client well being.

- The Winnipeg Health Region's 12 community areas have implemented the provincial government's Healthy Together Now! Initiative, an updated version of a program first called the Chronic Disease Prevention Initiative. The goal of the initiative is to help reduce chronic disease in Manitoba at the grass roots level by promoting four key factors that help prevent illness: healthy eating, physical activity, smoke-free living and mental wellness. Healthy Together Now! does this by providing financial support to evidence-informed activities organized and delivered by community groups interested in getting people proactively involved in improving their own health.



"...we take care to include people representing a wide cross-section of neighbourhoods, backgrounds, ages, abilities and ethnicities..."

- Winnipeg Health Region employees continue to enthusiastically add their volunteer efforts to our partnership with William Whyte Community School. Established in 2010, the partnership is designed to help create a healthier environment for students attending the inner city school. Among other things, the agreement has resulted in the Region directing some of its funding to the Winnipeg Poverty Reduction Council to support special school activities. Through the council, we provided funding for healthy snacks, the 'You Can Do it' Awards (funds held for use for post secondary education), and the Manitoba Conservatory Musical Strings Project. We provided volunteers in the classroom to assist with reading and special events for an hour/month, an initiative we hope to expand upon in the coming year. Through our staff support in 'Toonie Fridays' we were able to fund a Christmas hamper, swimming passes, the purchase of school hoodies as an incentive to award students who achieve improved attendance, and the purchase of new clothing for all Grade 8 graduates for their graduation ceremony. This initiative has been very successful in recognizing the achievement of these students and has encouraged all to participate and take pride in their achievement.

- In 2012 we supported action promoting greater helmet use by young cyclists. We also supported changes in smoke-free policies (complemented by our own renewed commitment to protecting the public from the dangers associated with smoking on or near our facilities), transportation infrastructure benefiting persons of low income, along with policies relating to Pharmacare and nutrition.

4. Support a Positive Work Environment

Create a diverse workforce: A workforce that is reflective of our overall community will ensure sustainability of the healthcare system and our ability to deliver service.

The Winnipeg Health Region is moving forward with its strategy to establish a workforce that reflects the culturally diverse population of the region it serves. The goal of this strategy is to create a health care system that can deliver the highest quality of care to every person, recognizing his or her race/ethnicity/culture or language proficiency.

Less than three per cent of the workforce in the Winnipeg Health Region (2.8 per cent) is Aboriginal; yet, it is estimated that Aboriginal people make up about 13.6 per cent of the province's population and 8.6 per cent of the population living in Winnipeg.

With a large number of Aboriginal people in the patient population, it is necessary to have dedicated activities aimed at increasing the number of First Nations, Metis and Inuit employees in the region in order to achieve a representative and culturally safe workforce. Recognizing this, the Human Resources leadership of the health region has drafted a Diversity Policy and Plan, in collaboration with Aboriginal Health Programs - Workforce Development sector of the Winnipeg Health Region.

Activities of AHP - Workforce Development include recruitment of qualified Aboriginal people, promotion of employment within the Winnipeg health Region for Aboriginal youth, and the development of retention strategies for existing Aboriginal health care workers.

Through partnerships with community organizations and participation in recruitment events, AHP – Workforce Development has sought to recruit qualified Aboriginal people for available positions within the Winnipeg Health Region. Recruitment supports include guidance for potential applicants as well as assistance in navigating the Winnipeg Health Region's Careers Portal website. Resources include the Job Seeker Handbook which is a detailed guide to finding employment with the Region and is tailored to an Aboriginal audience.

AHP - Workforce Development also networks with Aboriginal employment and education service providers in Winnipeg to ensure job seekers have access to any additional resources and support needed during an individual's job search. Of particular interest is Aboriginal youth in our community.

The Connecting Work Placement Program offers First Nations, Métis and Inuit students a chance to gain work experience in health-care settings. Students are placed in one of the Winnipeg Regional Health Authority's facilities to gain experience working in health care. There are two types of placements: volunteer and summer employment.

Other initiatives that AHP – Workforce Development has been involved, include the development of the Medical Careers Exploration Program (MCEP). MCEP is a program for high-school students that provides tailored support, goal-setting and both classroom and practicum medical education as part of their high-school education. The goal of the program is for students to develop knowledge and a support system that allows them to attend post-secondary school to achieve a profession in health-care. The program is a partnership between Children of the Earth School and the Winnipeg Health Region and is coordinated through the Pan Am Clinic.

AHP – Workforce Development also co-sponsors two Manitoba Aboriginal Youth Achievement Award categories each year. The winners of categories Health – North and Health – South are Aboriginal students who receive an award that aims to financially assist students as they pursue careers in health care. This co-sponsorship is a partnership with several Manitoba Regional Health Authorities.

The Winnipeg Regional Health Authority believes in creating a respectful, supportive and motivating work environment. Aboriginal staff working in the region are offered retention support through a diverse selection of networking avenues such as newsletters, group gatherings and Solstice Ceremonies, National Aboriginal Day celebrations and site-specific employee networks. Additionally, development of a mentorship program and succession planning initiatives aim to offer continued opportunities for Aboriginal employees in the region.

As part of our strategic priority to uphold a diverse workforce, the Winnipeg Health Region continues to enhance and support French language services within our employee culture and health service environments.

As of the 2011 – 2012 fiscal year French Language Services has developed 14 different training options to improve or maintain staff's French skills, among them are Immersion Days, Clinical Interview Skills training in French, as well as a variety of grammar and confidence building workshops. Each one was created in direct response to employee feedback.

A "Service in French – It Matters" DVD and poster, as well as a "Use Your French" poster were distributed across the Region as awareness tools and in recognition of the value bilingual employees play in the patient experience. French Language Services also encourages the voluntary use of French by staff in non-designated facilities, programs, services and agencies of the Winnipeg Health Region.

French Language Services continued its staff appreciation initiatives by highlighting staff who "make a difference" via on-line media and by sending quarterly messages to support and to thank bilingual employees working across the region.

(Par la fin de l'année financière 2012, les Services en langue française (SLF) comptaient 14 possibilités différentes de formation pour améliorer ou maintenir le niveau de français des employés de la région. Parmi les options sont la formation en français de comment faire des entrevues cliniques, les journées d'immersion ainsi qu'une variété d'ateliers de grammaire et de renforcement de confiance en soi. Chaque option a été conçue en réponse à la rétroaction des employés.

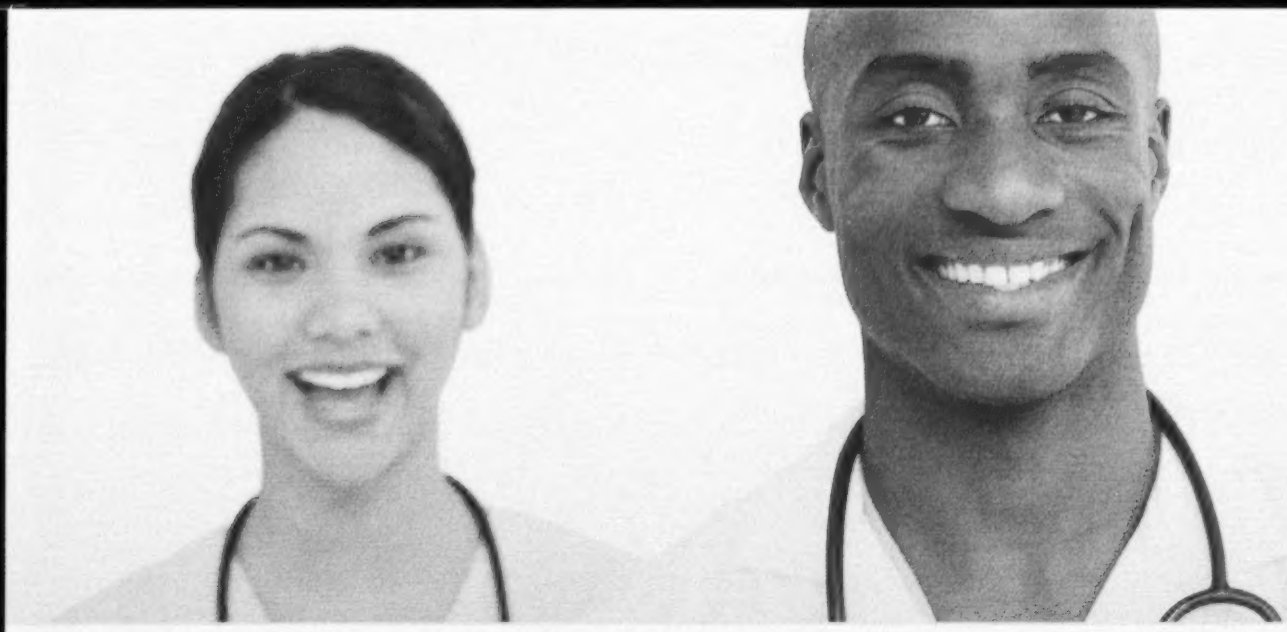
Un DVD et une affiche « Service in French – It Matters » ainsi qu'une affiche « Use Your French » ont été distribués à travers la région en tant qu'outils de sensibilisation et aussi pour valoriser le rôle que jouent les employés bilingues dans l'expérience des patients. En plus ils encouragent l'usage facultatif du français par des employés qui travaillent dans les établissements, programmes, services et organismes non-désignés de la région sanitaire de Winnipeg.

Les SLF ont continué à développer des initiatives pour valoriser le personnel bilingue qui « fait une différence ». Plusieurs employés ont été mis en vedette en ligne et les SLF envoient tous les trois mois des messages du soutien et de remerciement aux employés.)

Develop evidence-informed education and learning opportunities: Create learning and educational opportunities for staff to support their ongoing development. This will lead to improved capabilities and service delivery.

Working in health care can have many rewards, rewards that go far beyond the benefits of many other professions. Those rewards may simply be a smile from a recovering patient or a family member in a personal care home saying thank you for listening to their concerns.

Sustaining a positive work-life culture in the region is not only a strong retention effort, but also a positive 'patient-first' approach to health care. Staff who are highly motivated and take pride in their profession, are consequently more focused on the people they care for, or support. This comes from a positive work-life culture that exudes and sustains high morale.



To initiate the strategy for a positive work-life culture, the Winnipeg Health Region is developing an Employee Engagement Survey to accurately assess gaps and opportunities in regional workplaces. The intent is to use this survey information to help build a positive workplace where engaged employees are not only focused on their profession, but most importantly, focused on their patients, clients or residents.

Building a positive work-place culture not only involves staff who work directly with patients, clients or residents; it also includes management who need to support and sustain this culture.

To learn more about management needs, in terms of human resource training and support, the health region conducted a survey during its annual First Line Managers' Day – a one-day learning workshop for health care managers in the region – to gain feedback on what would help them sustain a positive work-place culture.

Based on this feedback the human resources department undertook strategic planning sessions to set priorities that would best serve the needs of managers and human resource professionals in the region. They included:

- Condensing the manager orientation sessions from a multi-day session into a half-day session.
- Expanding the methods managers can receive education offerings, using video, accessed through the region's online "Learning Management System,' where they can view videos and other education modules on their computer.
- Developing an online Managers Portal tool: A resource for managers regarding HR issues, policies and procedures and appropriate forms. The portal will be developed on a Sharepoint platform whereby managers will have the ability to share information, ask questions and collaborate within various discussion groups on the platform.
- Enhance training for the HR staff in the region, with courses geared more specifically to the human resources position and scope of service.
- Go beyond the standard job description and develop 'realistic' job previews and core competency requirements of management positions that will assist in hiring individuals more suited in both skills and behaviour for management positions.

In order for management to focus on staff and their needs to maintain patient-centred care, managers need the tools to decrease the paperwork and administration of their department. One of the tools that will assist in this role shift is SAP – the payroll administrative tool that automates input of staff schedules and payroll. Moving from paper-based systems to

the SAP platform will allow managers to focus more time on their staff rather than administrative duties. The SAP system 'went live' in April 2012 as part of Phase 1 of the multifaceted Business Process Solution Project implementation.

Working together, crossing the barriers of professional scope and practice, is important for patient care. Health care cannot operate in silos. It is a profession highly dependent on inter-exchange of information, services, and opinions, including those of their patient, resident, client or supporter in the provision of care.

The health region has embraced the Collaborative Care philosophy encouraging inter-professional team development approaches and is building engagement with health care providers on how to build a Collaborative Care culture and philosophy into everyday practice.

Over the past fiscal year the region has established Collaborative Care materials on the wrha.mb.ca website and within that site provided resources and frameworks for building a collaborative care culture within regional health facilities.

Most recently included in this material are Evidence Informed Practice Tools. These tools are regionally based on a practice that has a theoretical body of knowledge, uses the best available scientific evidence in clinical decision-making, uses standardized outcomes measures to evaluate the care provided, and takes account of each person's unique circumstances, including baseline risk, co-morbid conditions and personal preferences in the provision of care.

As part of the strategy for patient-focused care in the region, Health Sciences Centre introduced its "patient-first' strategic focus to staff. The hospital provided a tool kit and video to managers to relate to staff on how to embrace and be engaged in the 'patient-first' movement at the hospital. The 'patient first' philosophy and strategy involves patients being at the centre of everything they do, as well, involving patients in their own care, listening, learning and sharing to provide the best possible care and patient experience.

The Organization and Staff Development unit and Aboriginal Health Programs of the Winnipeg Health Region are conducting a evidence review, plan and evaluation process for a regional mentoring program. Retention of Aboriginal employees in the region is a challenge (double that of non-Aboriginal employees) and evidence has shown that mentorship can improve staff retention. Presently, the health region has pockets of mentorship programs in various health facilities and disciplines of practice. A more formal regionally-based mentorship program is being pursued in order to focus on peer mentoring for new employees; succession planning to replace many retiring senior or long term staff, and Aboriginal staff to help transfer cultural knowledge and build Aboriginal workforce capacity.

Provide a safe and healthy work environment: A safe work environment will also support the creation of a patient first approach to health care. Staff will be better able to focus on care and not on workplace issues.

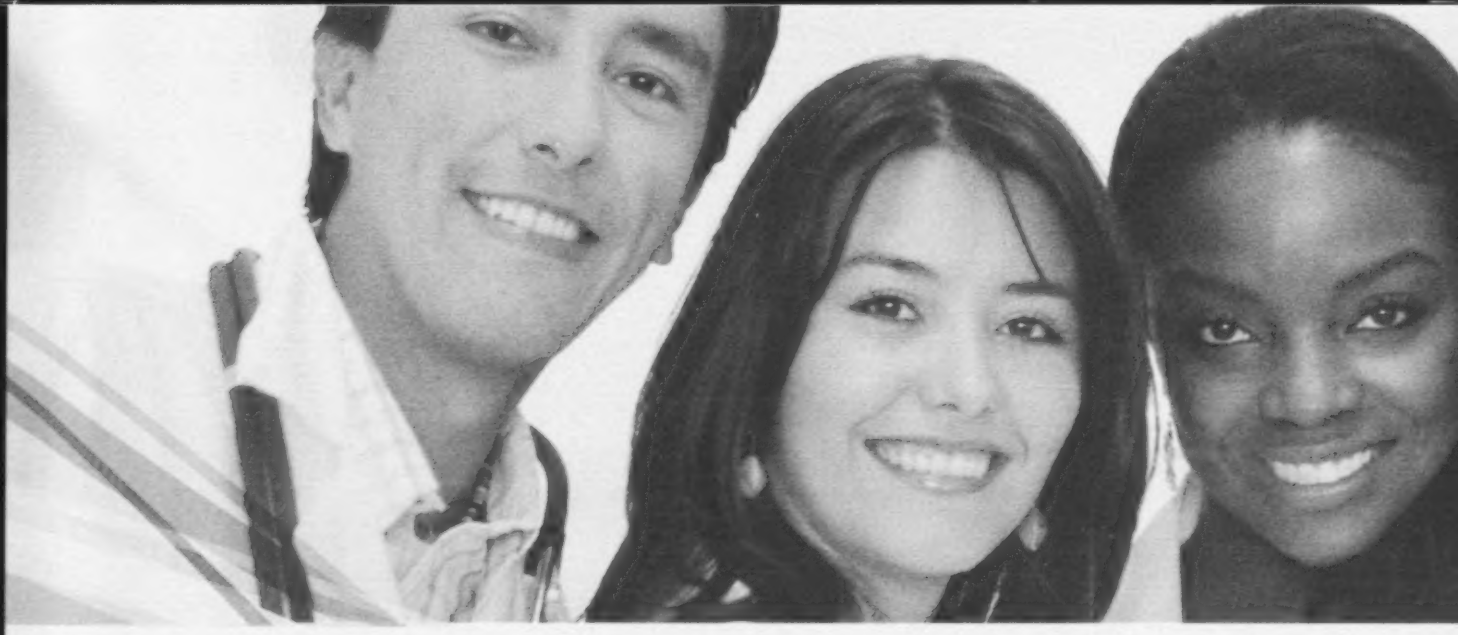
Health care is a profession in which the health of a staff person can impact not only their workplace, but also the service of health care in general. If a person who provides health care is not physically or mentally fit or prepared to perform their duties, it can put stress on the unit, clinic, or service that a patient, client or resident receives. As such the health of people we care for is in direct correlation to the health of people who provide it.

Providing a safe and healthy work environment ensures that focus on patient services are not sacrificed due to staff injury or absenteeism due to illness.

As part of the Regional Workers' Compensation Board Management Plan the Occupational and Environmental Safety and Health (OESH) unit of the Winnipeg Health Region works with employees as a team to identify how best to help them recover from injury or illness, and return them to meaningful employment. Working with the employee a plan is designed for recovery, specific to their medical needs or any medical restrictions. This process might include a graduated and progressive return to work, until they are able to work a full day. It might mean modifying the job, if the person cannot do all aspects of it, or it might mean finding an alternate position.

The Region's Return to Work plan considers the abilities and limitations of the employee with a physical or mental disability, balanced with the Region's responsibility to manage and to meet its daily operational requirements.

Other initiatives that focus on a safe and healthy work environment are managed by the Occupational and Environmental Safety and Health unit of the region. Some key initiatives undertaken include the annual staff influenza (Flu Shot) campaign, which involves flu shot clinics at regional health care locations as well as mobile 'flu shot carts' brought into workplaces to encourage flu shot participation.



5. Advance Research and Education

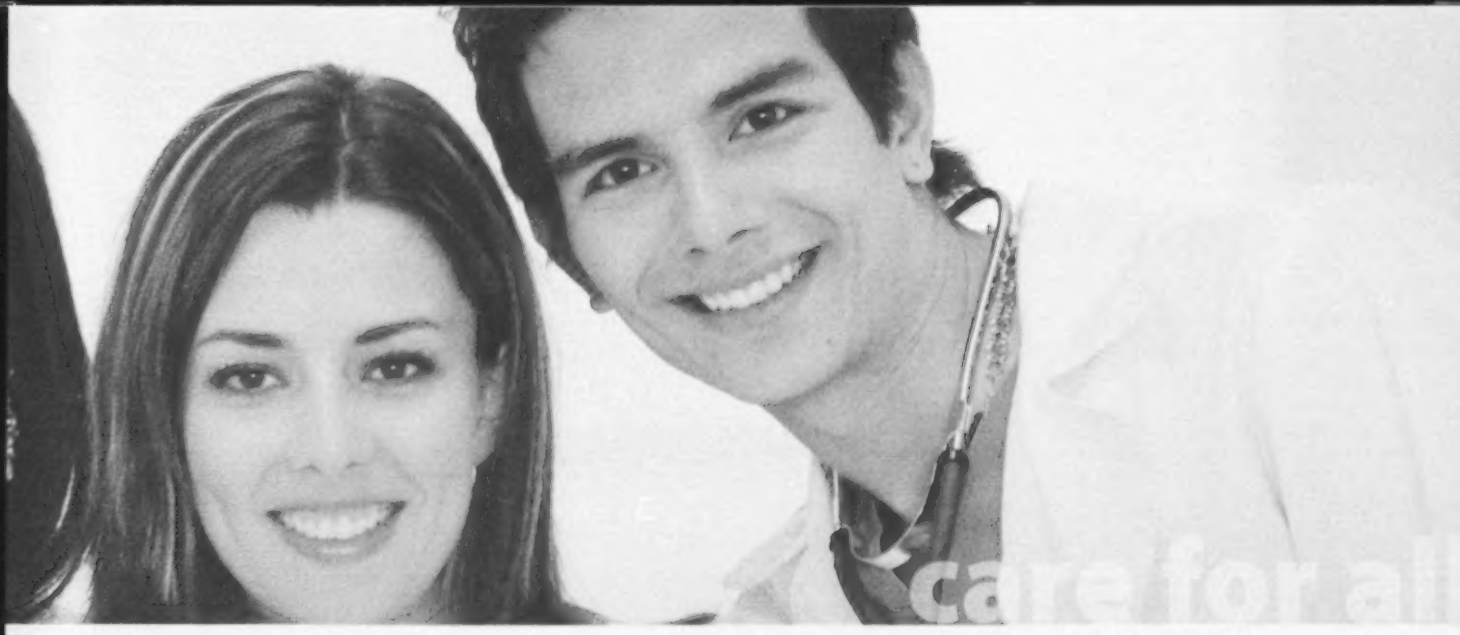
Moving research and data application into clinical practice while engaging staff and building acceptance of new processes or technology is always challenge, especially for a regional health authority that encompasses thousands of health professionals and a myriad of health delivery administrative structures.

We are committed to innovation that fosters improved care, health and well-being. In order to do so the health region must work with regional, provincial and national partners to move knowledge into practice. These partners include the University of Manitoba, Faculty of Medicine, Academic Health Sciences Network, Centre for Health Care Innovation, along with the hospitals and health facilities within the region where clinical programs are located, and foundation-supported research is underway, including: Health Sciences Centre, St. Boniface Hospital, Concordia Hospital's Hip and Knee Institute, Victoria General Hospital, Pan Am Clinic, Deer Lodge Centre and Riverview Health Centre.

Our strategy moving forward involves research that consistently produces new findings that, through dissemintation of that research, contribute to effective and efficient care. Abundant educational opportunities will also help transfer this knowledge into evidence-informed clinical practice and decision making.

Develop regional research strategy to achieve integration and expand research activity through increased partnerships and increased research funding.

To solidify research collaboration between the University of Manitoba and the Winnipeg Health Region the two organizations have combined the resources of those who conduct the research with those who help see it implemented. In 2012 the Project Management Office of the health region – the unit of the organization responsible for organizing and coordinating major projects in the region – was aligned with the George and Faye Yee Centre of Healthcare Innovation. The alignment of the PMO and Centre is expected to blend the university's focus on knowledge and research with the PMO's ability to work with clinical staff and environments, together translating and implementing new knowledge into clinical practice and evidence-based decision making. Through this partnership the health region can deliver safe and effective care based on best evidence, which in turn results in the best health outcomes for the people we care for.



While research is generally a benefit for the health region, the conduct of research, specifically human-health based research, needs to be coordinated with the units and staff working day-to-day to minimize impact. The research also needs to be ethically sound, conform to privacy legislation, and demonstrate appropriate value that will ultimately improve quality of care and decision making.

That is why the health region has endeavoured to create a regional approval and centralization process for research activity. All research performed in Winnipeg Health Region-related facilities, programs or services must receive approval from the WRHA Research Review Committee. This committee assesses the impact of the proposed research on health region resources, and ensures that standards regarding privacy and confidentiality are addressed. Research application forms and guidelines are readily available on our website: wrha.mb.ca.

Consistent with its strategic focus of "prioritizing research that aligns with our patient populations" the HSC Research Department signed a memorandum of understanding with Canadian Light Source to develop reactor-free isotopes, establishing a partnership with the private-sector that not only provides valuable resources, but also enhances our ability to translate research into application.

Expand education activity and enhance student experience through increased partnerships.

Education in the health care field is not only a prerequisite for many disciplines it is an ongoing requirement throughout the course of a career. With changes in technology and enhanced research into better and more effective treatment and care, it is imperative that the health region support and nurture continued education for its staff.

To best serve and coordinate education activity in the health region, the Winnipeg Health Region has created an Education Advisory Committee and is establishing a centralized process for identifying educational activity and learning opportunities via a Regional Educator Council which also plays an integral role in coordinating and planning clinical education throughout the Region.

Partnerships are once again invaluable in fulfilling our education strategy, as exemplified in the University of Manitoba's Neil John MacLean Health Sciences Library regarded as one of the best health knowledge resources available in the country. Satellite library locations are located in health facilities throughout the health region. Staff also have online access to a broad range of information resources and services from acute care to home care, social work to pharmacology, surgery, Aboriginal health, to name a few.

Clinical Education at HSC, which serves all of Manitoba in the provision of competency assessment for internationally educated nurses, used LEAN methodology in 2011-12 to improve processes and leveraged a 15% increase in federal funding to achieve a 58% increase in the number of competency assessments.

Online education and information resources will also be available to nursing and allied health staff with the development of the Elsvier-Mosby online nursing skills resource. Located on the region's wrha.mb.ca/nursing web page the resource will provide evidence-based best practices and procedures for care and treatment for clinical, acute and long-term care staff.

The University of Manitoba Health Sciences Libraries and the Winnipeg Public Library now also offer health information services for the public via the "Consumer Health Information" link on the wrha.mb.ca website. It provides information to help people make informed decisions about personal or a family member's health and how to work with health-care professionals in making those decisions.

The service provides a link to MedlinePlus which contains detailed information on over 650 diseases and conditions, a medical encyclopedia and a medical dictionary, information on prescription and nonprescription drugs, health information from the media, and links to clinical trials. Going forward, the region also plans to build on these and other partnerships, thus developing new educational opportunities through the use of the Clinical Learning Simulation Facility and Centre for Healthcare Innovation.

Expand the use of inter-professional teams.

The conduct of health care is a collective activity. It takes a community of people with medical, social and personal knowledge of a patient, resident or client to build a better health outcome. This involves not only the professional care providers - doctors, nurses and allied health specialists - but also the person receiving care, and their family or advocate becoming a stakeholder in the care plan.

Bringing this community together towards better health outcomes is called Collaborative Care, also known as inter-professional practice in some health care circles. The premise of Collaborative Care is to move away from the 'top-down, hierarchial' process of care delivery into a broader-based collective of people surrounding the patient, resident, client involved in making informed health care decisions.

The Region, along with its partner at the University of Manitoba are committed to providing information, resources and support to help individuals, managers, teams and facilities to integrate Collaborative Care into their daily work. Resources are currently available to Region staff on the wrha.mb.ca website.

Going forward the Region will be establishing a Inter-professional Working Group under the leadership of its Professional Advisory Council, with focus on inter-professional practice. A Steering Committee will also be established to direct practice change towards inter-professional orientation.

Maximize benefits from research, development and innovation including the increased use of evidence-informed decision making.

The Winnipeg Health Region and the University of Manitoba's Faculty of Medicine have been working together to establish the Academic Health Sciences Network. The premise of the network is to better align clinical education and research activities within the two organizations in order to:

- Advance knowledge through research.
- Enhance the education of physicians, nurses, researchers, allied health workers and other health-care providers.
- Create an environment that embraces leading-edge clinical care.

The network will also support efforts by the Region and the Faculty of Medicine to recruit leading academic clinicians and enhance efforts to entrench Winnipeg's reputation as a centre for medical research. Going forward, our health region will also work with the Academic Health Sciences Network to develop two-way communication processes between researchers and clinicians.

The Winnipeg Health Region nominates and sponsors staff participants in a two-year Executive Training for Research Application program (EXTRA). This is a national program that gives health system managers the skills to better use research in their daily work, as a means to increase evidence-informed decision making in the health region.

A prime example of using EXTRA fellowship skills in moving research into meaningful application of health care service involved a pilot project at Middlechurch Home - a personal care home in Winnipeg. Like many personal care homes, Middlechurch was challenged with reducing the use of antipsychotic medication.

As part of the project, two EXTRA fellows were ensconced in the care home to implement an innovative approach to dementia care called PIECES – Physical, Intellectual, Emotional, Capabilities, Environmental and Social. The fellows promoted the PIECES model of dementia care - a care practice where anti-psychotic meds are only used as a last resort. This promotion involved:

- Communicating the project to all relevant stakeholders
- Face-to-face meetings, including team 'huddles' within the PCH by project leaders (EXTRA Fellows)
- Intensive Education – classroom, coaching/mentoring 'on the job' sessions at unit level, on-line learning module built to sustain education after the project
- Posting of information for staff to track data and performance
- Obtaining unit feedback, staff forums, group huddles
- Holding a kick-off party: building enthusiasm, motivation and engagement.

As a result of implementing the PIECES care model, and tracking its success through the use of Minimum Data Set software, over a six-month period antipsychotic drug use dropped by more than 20 per cent among Middlechurch residents who were on the medication when the project began. The PIECES model of care was integrated into the culture and practices at Middlechurch and is now being used as a template for other personal care homes in the region.

6. Build Sustainability

As our population ages, service expectations grow and governments at all levels struggle with tightening budgets, it is becoming more and more of a challenge to balance the needs of health care services within our funding parameters. As mentioned earlier in this report one of the strategies to build sustainability in health care is to build up primary care and prevention – essentially investing in health and wellness at the grassroots level and in turn avoid or delay the need for more expensive health care service down the road.

This is one strategy that will inevitably pay off over many years; however, in the short term, the Winnipeg Health Region has identified a number of strategic priorities we expect will induce more immediate efficiencies within our five year strategic time frame.

Develop an integrated workforce plan that is affordable and sustainable.

Ensuring we are properly scheduling staff so that they are able to balance their work-life and at the same time balance our needs within a limited supply of resources is important to sustaining health care service and its support mechanisms. Our site leadership has embarked on a staff rotation review in nursing, clerical, professional/technical, maintenance and trades to develop cost effective schedules that meet collective agreements and ensure fairness in the system.

Qualified staff in some areas of nursing, for example emergency, intensive care, personal care homes, can be challenging to build and retain. The health region is developing internship programs that encourage and promote nursing graduates to gravitate towards these areas of need. Building capacity in these nursing areas will help scheduling efforts, build retention and ultimately enhance patient care.

Ensure budgets are based on current economic environment and reflect the effective and efficient allocation, management and use of resources.

In 2012 the Winnipeg Health Region deployed a 'Program Budgeting and Marginal Analysis' (PBMA) approach for resource allocation. Adopted by a number of other health jurisdictions in Canada, PBMA methodology prioritizes resources in areas that provide greatest value, while disinvesting in areas providing less value. This process helps ensure efficient and productive use of resources.

As part of an overall Regional Capital Master Planning Initiative, in 2012 HSC developed, in consultation with other partners on the campus, a Master Planning Framework to guide future capital development on the HSC-site. The framework provides a consistent planning and decision-making context for the replacement of HSC's outdated and fragmented physical plant and the transformation of the facility into a fully integrated and efficient plant that will be a flagship for the Region and the province. The needs of HSC will be integrated and prioritized with the needs of the other sites within the region to create an overall strategic and regional approach to replacing capital infrastructure.

In other energy efficiency efforts, HSC completed its energy management replication project which creates approximately $500,000 in annual savings through energy usage reductions, and launched a multi-year redevelopment project of HSC's utility electrical infrastructure which will result in lower electrical rates for the campus.

The Health Sciences Centre also achieved cost-effectiveness while enhancing service capacity in a number of clinical areas, including:

- implemented the Cochlear Implant program (replacing out of province referrals)
- increased capacity of one bed in Medical Intensive Care Unit and one bed in Surgical Intensive Care Unit
- developed an oncology day/night unit within existing oncology in-patient unit
- managed mobile MRI services on site (June to November 2011) to reduce wait times and wait lists

Improve productivity through process improvement, service reconfiguration, and benchmarking.

An important strategy to support process efficiency involves training staff on corrective actions to improve processes. Since 2008 the Winnipeg Health Region has been promoting LEAN thinking to build process improvements and in turn more efficiently align resources with patients, clients or resident needs.

LEAN is a process improvement methodology that focuses on:

- identifying and eliminating waste
- improving process flow
- use of the team approach to make effective and sustainable change

The Project Management Office of the health region is promoting LEAN methodologies and tools to help regional health departments or programs identify the least wasteful way to provide value (better, safer care without unnecessary delays) to the people we care for.

The principles of the LEAN approach involves continual incremental improvements over time to achieve a transformation in performance. With more departments and programs in the region adopting LEAN principles, each 'little improvement' can add up into significant enhancements in regional operations and help improve quality and patient care.

St. Boniface Hospital has also made a major commitment to transforming its processes using LEAN improvement principles. Since 2008, it has involved more than 1000 people, staff, physicians, patients and its partners in health, and the community to improve care for patients. It has also improved day-to-day operations in many hospital departments. As a result, in the past two years, St. Boniface Hospital has seen a significant increase in patient satisfaction, with scores as high as 85.6% in an excellent/very good category survey. Staff engagement scores have also increased over the years, going from 48% in 2008 to 58% in 2012. Improvements have also contributed to decreasing mortality and complications and improving St. Boniface Hospital's financial performance by $6 million.

Understanding how a department or a program is performing, or whether or not initiatives created by those entities are effective, is another step towards process improvement. A new system of monthly reporting is being developed for front-line managers and directors to ensure measurement of success is available.

Armed with this information, an education plan will also be rolled out to front-line managers on how to use the reports to more effectively manage day-to-day activities.

Implement an enterprise risk-management framework.

Enterprise Risk Management (ERM) is a comprehensive approach to managing risks across an organization, using the integrated efforts of all risk management functions and placing responsibility on all risk owners including senior management and business units. Enterprise Risk Management aligns risk management with our strategic objectives and supports risk-adjusted performance measures linked to acceptable risk thresholds and escalation procedures. An ERM framework enhances management's ability to make informed decisions regarding the degree of risk acceptance, risk minimization, and risk mitigation.

The Winnipeg Health Region has completed the first phase in establishing an ERM process. This includes identifying the key risks that the organization is facing and rating those risks based on the likelihood and impact of the risk occurring. To assist in risk mitigation, we are currently in the process of documenting causal factors or drivers of the risks identified. Going forward, ERM will spread throughout the organization and will form part of our strategic planning process.

Implement appropriate corporate, integrated support service and program/site leadership structure.

In 2012 the senior management meetings were restructured to provide better integration of the health organizations and sites involved in providing health care in the region, and roles were realigned to ensure more effective administration of health and wellness services. The central management team was expanded, and three subcommittees werer created:

- The Regional Acute Operations Committee consists of senior leadership of health region acute care facilities, including St. Boniface General Hospital, and Misericordia Health Centre, to discuss ways to improve overall operational effectiveness amongst acute care facilities in the region.

- The role of the Regional Integrated Services Committee involves leadership of long-term care, personal care home, health centres and community area directors, to discuss ways to improve service integration across the region.

- The Regional Strategic Plan Implementation Committee, consisting of senior management of health care facilities across the region, meets on a quarterly basis to assess and update progress on regional and site strategic directions.

Board of Directors.

The Board of Directors is the governing body of the Winnipeg Health Region. Its mandate is to provide governance over the business of the region and oversee service delivery, quality of care, innovation and financial transactions. The Board has responsibility not only for governance, but also: leadership and direction; conditions and constraints; oversights of performance; knowledge of stakeholder expectations, needs, concerns and interests; acting in the best interests of the organization; and ensuring the financial sustainability of the organization.

As outlined in the governance model, the functions of the Board fall under three categories:

FIDUCIARY:	Focusing on the legal responsibilities of oversight and stewardship of the region.
STRATEGIC:	Focusing on the planning and issue resolution, particularly around resources, programs and services.
GENERATIVE:	Focusing on creative thinking – bringing personal insight to problem solving at the Board level.

In 2010/11, following an extensive review of its governance model, a comprehensive Board Goverance Manual was developed. The manual outlines the governance model, detailing the Board's purpose, mandate and functionality as it relates to the relationship and stewardship of the Winnipeg Health Region, its stakeholders, and people for whom they provide care. A copy of the Winnipeg Health Region Board Governance Manual is available on the Winnipeg Health Region website: http://www.wrha.mb.ca/about/board/files/GovernanceManual.pdf

The Minister of Health names the members of the Board of Directors. As well, the Minister appoints the Board Chair and may appoint the Vice Chair. Ideally, Board directors are selected based on their skill set, trust, expertise and community representation. Directors collectively, must possess knowledge in relation to health, community development, business, finance, law, government, the organization of employees and the interests of residents, clients.

Past Serving Board Members

Ms. Janesca Kydd

Ms. Herta Janzen

Mr. Kris Frederickson

Ms. Marie-Rose Spence

Ms. Heather Grant-Jury

Current Members

Dr. John Wade, chair
Marc Labossière, vice-chair
Rick Frost
Vera Derenchuk (Victoria General Hospital)
Bob Minaker (Seven Oaks General Hospital)
Bruce Thompson
Gemma Dalayoan
Suzanne Hrynyk
Joan Dawkins
Doris Koop
Josée Lemoine
Jeff Cook
Robert Freedman
Sheila Carter
Elaine Bishop
Myrle Ballard
Joanne Biggs (Grace Hospital representative)
Reg Kliewer (Concordia Hospital representative)
John Hickes (Ranklin Inlet, Nunavut)
David Daley (Churchill)
Verna Flett (Churchill)
Dr. Kurt Skakum (Medical Represntative)

Board decisions are outlined in the minutes of board meetings and posted for public viewing at **wrha.mb.ca**

The Regional Health Authorities Act allows for a maximum of 21 directors. The Winnipeg Health Region presently has 21 directors, including new representation recently from the Churchill and Nunavut regions. The Winnipeg Health Region and the Minister of Health have developed a joint nomination process that is focused on the development of a skills-based Board. Both the region and government put forth nominations from which the Minister selects the new Board appointments. Of the positions, three are nominated by the community hospitals (Seven Oaks General Hospital, Victoria General Hospital and Concordia General Hospital), and one is nominated by the Salvation Army. The balance of the Board positions are selected to provide appropriate community representation.

Community Health Advisory Council Reports

Each year, the Board is required to review and approve the issues to be addressed by the Community Health Advisory Councils. Council members were asked to share their ideas for future topics and presented them to the Board along with the associated deliverables and potential time frames. In 2011/12, members of the six Community Health Advisory Councils examined the topics:

- Caring Across Cultures: Community Perspectives about how to increase the Cultural Proficiency of Health Care Providers and the Health Care System.
- Reporting back to the Community Health Advisory Councils – a report on how the ideas and suggestions of the Community Health Advisory Councils are used internally by the Winnipeg Health Region Board, programs, and externally by other relevant stakeholders.
- Public Engagement in Health: Community Perspectives

The Public Interest Disclosure (Whistleblower Protection) Act

A disclosure made by a Winnipeg Health Region employee in good faith, in accordance with the Whistleblower Protection Act, and with a reasonable belief that wrongdoing has been or is about to be committed, is considered to be a disclosure, regardless if the subject matter constitutes wrongdoing. The Winnipeg Health Region established a Designated Officer to oversee whistleblower reports, and has a web page on the staff intranet website "Insite" for submitting or responding to a disclosure. As well, staff can talk to their manager if they choose.

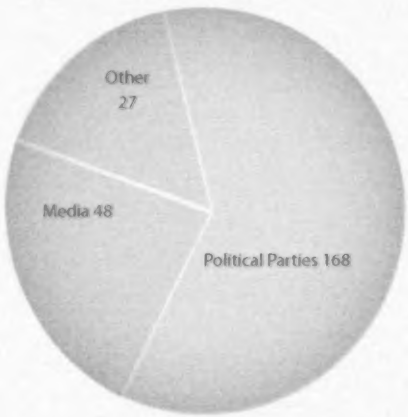
All disclosures brought to the attention of the Designated Officer receive careful and thorough review to determine if action is required under the Act. As of this annual report publishing:

- Three disclosures were received by the Designated Officer.
- Two disclosures were reviewed and assessed and they were determined to not fall within the criteria under the Act. As such, they did not require further investigation by the Designated Officer.
- One disclosure was reviewed, assessed and determined that further investigation by the Designated Officer was warranted.
- An investigation was commenced by the Designated Officer and was subsequently forwarded to the Manitoba Ombudsman's office which had, as well, received the same disclosure.
- The Manitoba Ombudsman will determine whether or not there is a finding of any wrongdoing in the investigation. The Ombudsman's investigation is still ongoing.

The Winnipeg Regional Health Authority continues to meet its responsibility to provide information to members of the public through accessible sources. This includes maintaining an open and transparent flow of information between the Winnipeg Health Region and the public while considering all aspects of privacy and confidentiality of clients. The Winnipeg Regional Health Authority Chief Privacy Officer (CPO) responds to requests made via the Freedom of Information and Protection of Privacy Act (FIPPA).

Requests for information can be submitted via our website at www.wrha.mb.ca/contact/infoaccess_fippa.php. Residents can also contact :

WRHA CHIEF PRIVACY OFFICER
Winnipeg Regional Health Authority,
650 Main Street, Winnipeg, MB , R3B 1E2
Phone: 926-7049 Fax: 204.926.7007

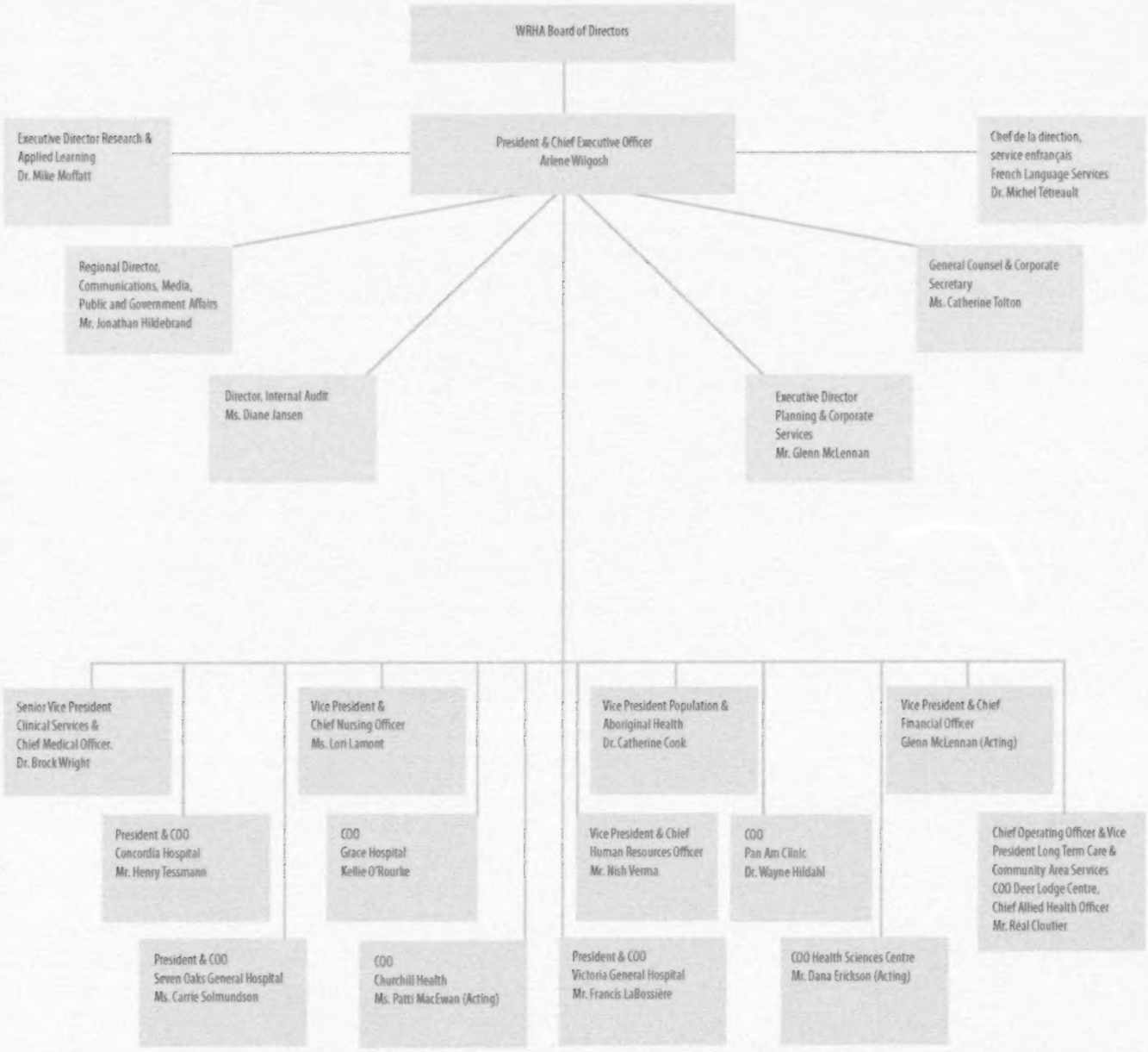


Source of FIPPA requests:
Total 243 (Jan. to Dec. 2011)
16 requests brought forward from 2010

Winnipeg Regional Health Authority

ORGANIZATIONAL STRUCTURE - 2012

Corporate and Program Structure: Overview

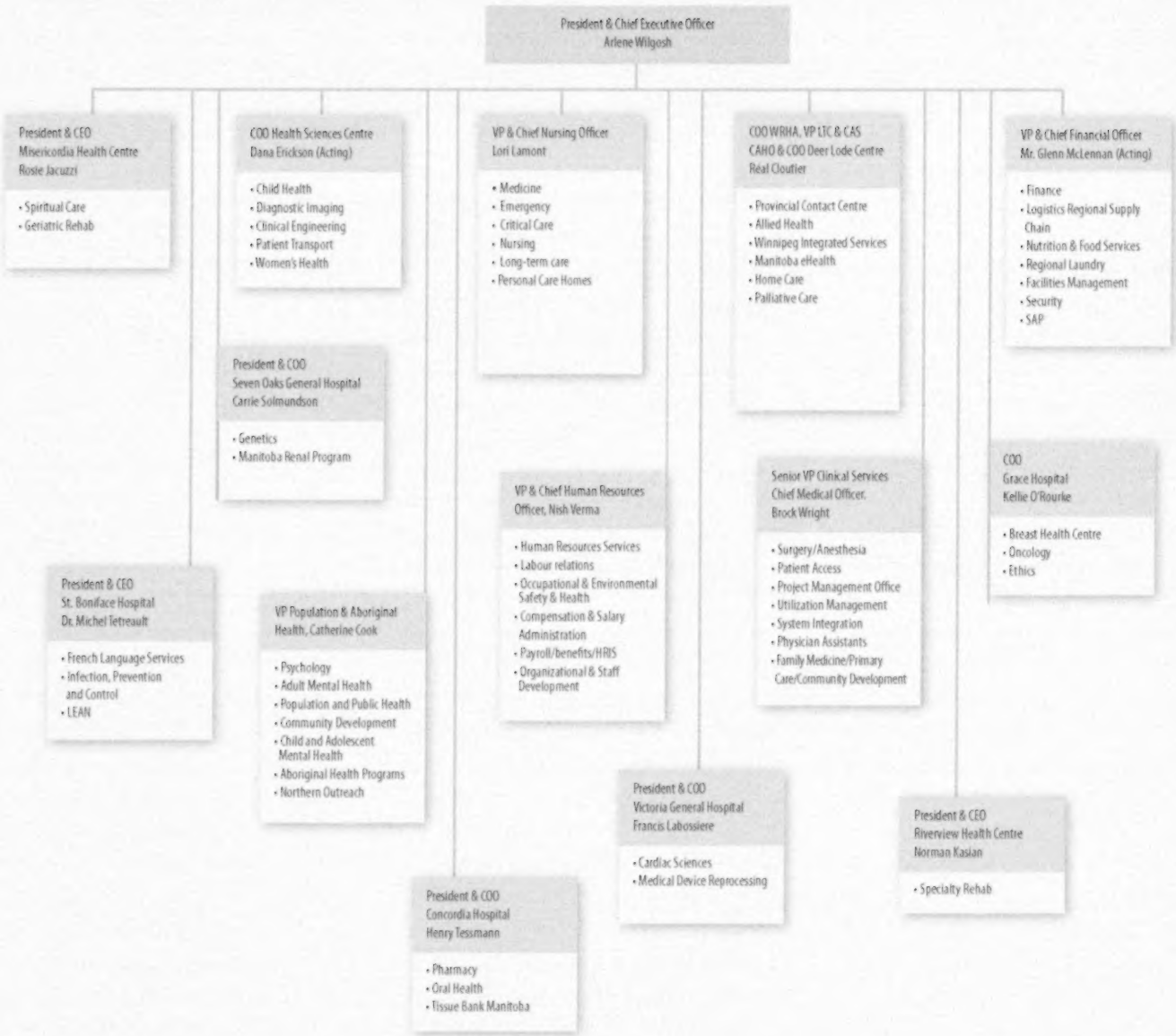


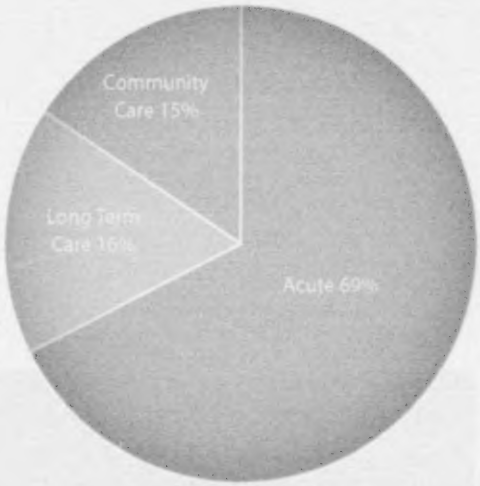
Organizational Changes: The most significant change to the Winnipeg Health Region organizational structure in 2011-12 involved the amalgamation of the Churchill Health Authority with the Winnipeg Regional Health Authority. The alignment of the two health regions involved the appointment of Dr. John Wade as Board Chair of the amalgamated Winnipeg-Churchill Health Authority and the addition of three new Board members to the WRHA Board of Directors, representing the Churchill and Nunavut regions. As well, senior management representation for the Churchill region has been assigned to Ms. Patti MacEwan as Acting COO, Churchill Health. The organizational structure of the Winnipeg Health Region also saw a change to the Vice President and Chief Human Resources Officer position with Nish Verma taking over from John Van Massenhoven. Mr. Glenn McKlennan is currently Acting Vice President and Chief Financial Officer. Recruitment was underway during printing of this report for a replacement in this role. Dana Erickson is replacing Adam Topp as HSC COO in an acting role. Following the consensual agreement with the University of Manitoba, Faculty of Medicine to disband the Joint Operating Division (JOD); in its place, the establishment of the Medical Staff Services unit, Beth Beaupre no longer serves in the JOD capacity and has moved into the Health Workforce Secretariat position within the role of Assistant Deputy Minister, Health Workforce at Manitoba Health.

Winnipeg Regional Health Authority,

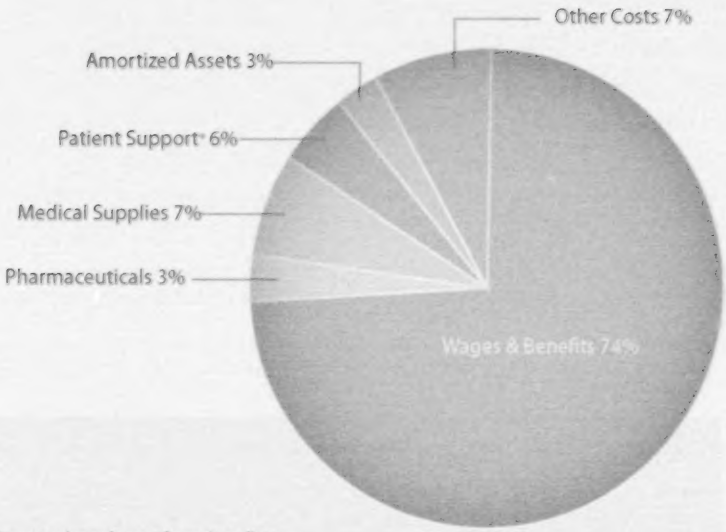
ORGANIZATIONAL STRUCTURE - 2012

COO and Vice Presidents: Programmatic Responsibilities





Budget Allocation by Sector



Cost by Major Expense

*Patient Support includes items or services such as: housekeeping, linen, laundry, food and referred-out services.

Letter of Transmittal and Accountability

It is my pleasure to present the Annual Report of the Winnipeg Regional Health Authority for the fiscal year ended March 31, 2012.

The 2011/2012 Annual Report of the Winnipeg Regional Health Authority was prepared under the direction of the Board of Directors and in accordance with The Regional Health Authorities Act and directions provided by the Minister of Health.

All material economic and fiscal implications have been considered in preparing this report. The Winnipeg Regional Health Authority Board of Directors has approved the content of this report for publication.

Respectfully submitted,

Dr. John Wade
Board Chair - Winnipeg Regional Health Authority

AUDITORS' REPORT

To the Directors of Winnipeg Regional Health Authority,

The accompanying summarized consolidated financial statements, which comprise the consolidated statement of operations and consolidated statement of financial position, are derived from the audited consolidated financial statements of the Winnipeg Regional Health Authority [the "Authority"] for the year ended March 31, 2012. We expressed an unmodified audit opinion on those financial statements in our report dated June 26, 2012.

The summarized consolidated financial statements do not contain all the disclosures required by Canadian generally accepted accounting principles. Reading the summarized consolidated financial statements, therefore, is not a substitute for reading the audited consolidated financial statements of the Authority.

Management's Responsibility for the Summarized Financial Statements

Management is responsible for the preparation of the summarized consolidated financial statements.

Auditor's Responsibility

Our responsibility is to express an opinion on the summarized consolidated financial statements based on our procedures, which were conducted in accordance with Canadian Auditing Standards (CAS) 810, "Engagements to Report on Summary Financial Statements".

Opinion

In our opinion, the summarized consolidated financial statements derived from the audited consolidated financial statements of the Winnipeg Regional Health Authority for the year ended March 31, 2012 are a fair summary of those consolidated financial statements.

Winnipeg, Canada,
June 26, 2012.

Summarized Consolidated Statement of Operations

FOR THE YEAR ENDED MARCH 31
• in thousands of dollars

	2012	2011
REVENUE		
Manitoba Health operating income	$ 2,294,399	$ 2,182,631
Other income	122,149	123,219
Amortization of deferred contributions, capital	66,136	64,303
Recognition of deferred contributions, future expenses	11,474	25,877
	2,494,158	2,396,030
EXPENSES		
Direct operations	2,075,241	2,000,324
Interest	676	584
Amortization of capital assets	71,758	68,499
	2,147,675	2,069,407
FACILITY FUNDING		
Long-term care facility funding	284,735	271,579
Community health agency funding	38,067	35,737
Adult day care facility funding	3,249	3,157
Long-term care community therapy services	735	718
GRANT FUNDING		
Grants to facilities and agencies	19,993	18,741
	2,494,454	2,399,399
OPERATING DEFICIT	(296)	(3,309)
NON-INSURED SERVICES		
Non-insured services income	63,598	62,269
Non-insured services expenses	61,514	56,797
NON-INSURED SERVICES SURPLUS	2,084	5,472
SURPLUS FOR THE YEAR	$ 1,788	$ 2,163

Reg Kliewer
Treasurer

Dr. John Wade
Board Chair

Summarized Consolidated Statement of Financial Position

AS AT MARCH 31, 2012
• In thousands of dollars

	2012	2011
ASSETS		
CURRENT		
Cash and cash equivalents	$ 80,417	$ 31,399
Accounts receivable	106,607	112,260
Inventory	30,083	28,782
Prepaid expenses	12,255	13,406
Investments	6,099	7,182
Employee benefits recoverable from Manitoba Health	78,675	78,675
	314,136	271,704
CAPITAL ASSETS, NET	1,346,289	1,209,136
OTHER ASSETS		
Employee future benefits recoverable from Manitoba Health	82,302	82,302
Investments	44,592	36,818
Specific purpose funds	31,435	29,737
Nurse recruitment and retention fund	4,169	3,512
	$ 1,822,923	$ 1,633,209
LIABILITIES, DEFERRED CONTRIBUTIONS AND NET ASSETS		
CURRENT		
Accounts payable and accrued liabilities	$ 213,153	$ 197,981
Demand loans	-	18,000
Employee benefits payable	96,482	94,907
Current portion of long term debt	47,201	50,898
	356,836	361,786
LONG TERM DEBT AND DEFERRED CONTRIBUTIONS		
Long-term debt	24,948	27,918
Employee future benefits payable	154,667	147,723
Specific purpose funds	31,435	29,737
Deferred contributions	1,199,734	1,013,187
Nurse recruitment and retention fund	4,169	3,512
	1,414,953	1,222,077
NET ASSETS	51,134	49,346
	$ 1,822,923	$ 1,633,209

WINNIPEG REGIONAL HEALTH AUTHORITY
SUPPLEMENTARY INFORMATION

AS AT MARCH 31, 2012 • unaudited
• in thousands of dollars

Administrative Costs

The Canadian Institute of Health Information ("CIHI") defines a standard set of guidelines for the classification and coding of financial and statistical information for use by all Canadian health service organizations. The Authority adheres to these coding guidelines. The most current definition of administrative costs determined by CIHI includes: General Administration (including Acute/Long-term Care/ Community Administration, Patient Relations, Community Needs Assessment, Risk Management, Quality Assurance, and Executive costs), Finance, Human Resources, Labour Relations, Nurse/Physician Recruitment and Retention, and Communications.

The administrative cost percentage indicator (administrative costs as a percentage of total operating costs) adheres to CIHI definitions.

At the request of Manitoba Health, the presentation of administrative costs has been modified to include new categorizations in order to increase transparency in financial reporting. These categories and their inclusions are as follows:

Corporate - Includes: General Administration, Acute Care/Long-term Care/Community Services Administration, Executive Offices, Board of Trustees, Planning and Development, Community Health Assessment, Risk Management, Internal Audit, Finance and Accounting, Communications, Telecommunications, and Mail Service.

Recruitment & Human Resources - Includes: Personnel Records, Recruitment and Retention (General, Physicians, Staff, and Nurses), Labour Relations, Employee Compensation and Benefits Management, Employee Health and Assistance Programs, Occupational Health and Safety, and Provincial Labour Relations Secretariat.

Patient Care Related - Includes: Utilization Management, Cancer Standards and Guidelines, Patient Relations, Infection Control, Quality Assurance (Medical, Nursing, and Other), Manitoba Telehealth, and Accreditation.

2012	Acute Care Facilities and Corporate Office		Personal Care Homes & Community Health Agencies		Total	
	$	%	$	%	$	%
Corporate	$ 52,939	2.24%	$ 14,069	5.99%	$ 67,008	2.58%
Recruitment & Human Resources	22,825	0.97%	1,228	0.52%	24,053	0.93%
Patient Care Related	18,402	0.78%	18	0.01%	18,420	0.71%
TOTAL	$ 94,166	3.99%	$ 15,315	6.52%	$ 109,481	4.22%

2011	Acute Care Facilities and Corporate Office		Personal Care Homes & Community Health Agencies		Total	
	$	%	$	%	$	%
	Restated	Restated	Restated	Restated	Restated	Restated
Corporate	$ 54,323	2.39%	$ 14,797	6.59%	$ 69,120	2.77%
Recruitment & Human Resources	22,469	0.99%	631	0.28%	23,100	0.92%
Patient Care Related	15,155	0.66%	24	0.01%	15,179	0.61%
TOTAL	$ 91,947	4.04%	$ 15,452	6.88%	$ 107,399	4.30%

The 2012 figures presented are based on preliminary data available at time of publication. Restatements were made to the 2011 figures to reflect the final data that was submitted after the publication date, and for the inclusion of Manitoba Telehealth (as per request from Manitoba Health). As a result, the total administrative costs were increased by $1,819 ($1,739 due to Manitoba Telehealth inclusion), with a corresponding increase to the overall adminstrative cost percentage of 0.01%.

2011/12 Operating Results

Manitoba eHealth

(Including Manitoba Telehealth)
Statement of Operations

FOR THE YEAR ENDED MARCH 31
• unaudited • in thousands of dollars

	2012	2011
REVENUE		
Manitoba Health operating income	$ 61,798	$ 53,181
Recoveries	13,847	10,932
	75,645	64,113
EXPENSES		
Salaries, wages, and employee benefits	42,017	37,439
Data communications	2,240	1,897
License fees	2,821	2,041
Hardware and software maintenance	17,462	11,847
Building and ground expense	2,724	2,633
Maintenance and other	8,105	5,860
	75,369	61,716
OPERATING SURPLUS	276	2,397
Manitoba Health operating income reduction	(276)	(2,397)
SURPLUS FOR THE YEAR	$ -	$ -

The above results are exclusive of items such as employee benefits and the revenue and expenses related to capital assets, as these items are recorded outside of eHealth operations.

Statistics Appendix

1) Includes newborns, stillbirths and deaths.

2) Acute includes palliative care in-patients at SBH and RHC

3) Rehab represents inpatients in Rehab Program beds (RHC, DLC, SOGH, HSC, SBGH) and Orthopedic-Rehab beds (GH and CH)

4) Chronic patients at DLC and RHC

5) Hospice includes Grace Hospice only

6) Grace ETU and HSC Forensic Unit

7) Includes only those cases which met the Manitoba Health criteria for submission of a Day/Night Care abstract to Manitoba Health and CIHI and is a subset of the total Day/Night care visits at WRHA acute sites.

8) Excludes clients under assessment but not yet receiving services: 2011/12 -497; 2010/11 - 356; 2009/10 - 367.

9) Represents Inpatient cases that had at least one surgery in a site's Main Operating Room (OR). For some cases, more than one surgical procedure or main OR trip may have been done during an episode and/or admission; however, only one surgical case is counted per admission for this analysis.

10) Includes all births that occurred at the Birth Centre between Dec. 5, 2011 - March 31, 2012. Excludes home births

11) WRHA DAD DSS

12) WRHA DAD DSS

13) WRHA Primary Care Program

14) Includes cases where the patient is booked and prepared in the gamma knife frame, goes through the MRI exam, but the gamma knife procedure is abandoned to due the size of the tumor.

15) Assumes 100% bed occupancy of PCH beds at RHC and DLC per the WRHA bed map. Includes Central Park Lodge - Valley View, Extendicare - Hillcrest Place, Extendicare - Red River Place, St. Adolphe Personal Care Home and Tudor House Personal Care Home proprietary PCHs that are located outside the Winnipeg geographic region but which Manitoba Health funds through the WRHA Long Term Care Program.

16) Includes Mobile Crisis Services contacts and Crisis Stabilization Unit requests for service, crisis calls and the number of client's days.

17) Includes Counseling, Group therapy and Consultation Services provided by Shared Care (Counselors, Psychiatry and Psychology), Brief Treatment, Co-Occurring Disorder Outreach, Psychiatric Urgent Referral Clinic

18) Includes all referrals received at Centralized Mental Health Access for Community Mental Health Services.

19) Includes new and continued Geographic based Community Mental Health clients.

20) Includes new and continued clients of Co-Occurring Disorders Outreach, Forensics, Intensive Case Management, Program for Assertive Community Treatment, Health Coordination, Cross Cultural, Clinical Specialist, Transition Services, Housing Services and Specialized Contracts.

21) The Provincial Health Contact Centre (PHCC), an internationally-recognized state of the art contact centre that technologically supports health and social services delivery in Manitoba in consultation with the Winnipeg Regional Health Authority and Manitoba Health. The PHCC operates almost 40 inbound and outbound calling programs, handling over 450,000 calls a year in 110 languages. The PHCC's clinical calling programs includes the Breastfeeding Hot line, the Chronic Disease Management of Congestive Heart Failure, Health Links - Info Santé and various public health services such as the Influenza Symptom Triage Service. Inbound and outbound calling programs in support of health and social delivery in Manitoba are undertaken through arrangements with various programs including: the WRHA Home Care Program, Family Services and Housing, Employment Income and Assistance. The PHCC operates out of the Misericordia Health Centre.

22) Health Links - Info Santé, a WRHA service leveraging the PHCC technology, is a 24-hour, 7-day a week telephone information service. The program is staffed by registered nurses with the knowledge to provide over-the-phone consultation related to health care questions and concerns.

23) The number of calls where a client spoke with a health care professional.

24) Total number of follow-up contacts to clients already in contact with Health Links - Info Santé staff, i.e. those contacts serviced in line 1.

25) An outbound call program delivered through the PHCC to determine if an individual who left a WRHA emergency room without being seen is still in need of medical attention or has already had their situation addressed.

26) After Hours Central Intake Program services WRHA programs to manage both clinical and non-clinical resources for clients. As a service provided through PHCC, it handles inbound and outbound calling to process after hours needs of clients in programs like Home Care, Family Services and Housing and Employment Income and Assistance.

27. After Hours Central Intake Program services WRHA programs to manage both clinical and non-clinical resources for clients. As a service provided through PHCC, it handles inbound and outbound calling to process after hours needs of clients in programs like Home Care, Family Services and Housing and Employment Income and Assistance.

28. Telehealth is the use of information technology to link patients to medical specialists and other healthcare professionals via a high-speed, secure video link. These counts exclude Cancer Care Manitoba (CCMB) and Manitoba Health.

a) Includes services such as specialist consultation, discharge planning and case-conferencing.

b) Supports rural physicians and other healthcare providers by providing quality professional educational programs. Education for patients, families and the public are also available.

c) Used as an alternative venue for administrative meetings to save time, resources and risks due to travel.

d) Available to link patients with their families when medical needs have kept them apart for an extended period of time.

Source: Senior Program Operations Manager, Manitoba Telehealth

29. a) Data Source: HPECD. The calendar year is defined using the infant's date of birth. Data includes residents of the Winnipeg Health Region, as defined by permanent residence status.

b) Excludes HIV and Hepatitus C. Data Source: Chlamydia and Gonorrhea: CDC Branch, Public Heatlh Division, Manitoba Health, June 2012; Infectious Syphilis: WRHA Syphilis Surveillience Database. These numbers reflect the total number of reported infections and not the total number of clients, i.e. a single person may have more than one infection during the same period of time. Infectious syphilis includes incubating, primary, secondary and early-latent cases. All data reflects residents of Winnipeg Health Region.

c) Excludes STBBI and Tuberculosis. Data Source: iPHIS, WRHA. Data includes residents of the Winnipeg Health Region and are limited to a case status of clinical, probably or confirmed. H1N1 and SRI became notifiable effective April 1, 2009. Data is limited to cases; contacts are not included.

d) New client visits include first visits for education or employment purposes, new travel destinations, yelllow fever only, malaria prescription only, and immunization only.

e) Data Source: Prenatal Referral Log 2010, 2011, 2012. Prenatal referral data effective January 1, 2008. Includes referrals sent to WRHA central intake, grouped by community area which the referral was sent to. There may be duplicate entries.

f) Date Source: FFHV Caseload Summary 2008-2011. Reflects number of families (early and late entry) supported in March 31 of each year.

g) Public Health Administered Vaccine includes seasonal influenza and H1N1 immunizations provided by the PHNs in each of the 12 community areas, Travel Health and the Healthy Sexuality Harm Reduction (HSHR) Team. The seasonal influenza campaign typically runs from October through to December during the year; Travel Health provides seasonal influenza year round. The seasonal influenza campaign for 2009/2010 was condensed into a 3 day mass clinic (Oct 14/09 - Oct 16/09). H1N1 Vaccine administration was first introduced in 2009/2010. The total number of Seasonal Influenza Vaccine administered for 2009/2010 includes the total number of immunizations administered by the PHNs in each of the 12 Community Areas during the 3 day campaign only and does not include the seasonal influenza immunizations administered by the 12 Community Areas during the H1N1 clinics. The total number of Seasonal Influenza Vaccine administered for 2009/2010 includes the total number of Seasonal Influenza Immunizations provided by the Travel Health team from Jan.1/09 to Dec. 31/09 (as the Travel Health team provides seasonal influenza immunizations year round). The total number of Seasonal Influenza Vaccine administered for 2009/2010 includes the total number of Seasonal Influenza Vaccine provided by the HSHR Team during the 3 day campaign and during the H1N1 clinics. The total number of H1N1 Vaccine administered for 2009/2010 reflects the reported numbers provided by the 12 Community Areas, Travel Health and HSHR from October 2009 to March 2010.

h) For HBV and HPV, the 1st dose totals do not include catch up numbers (ie. Only grade 4 students eligible to receive their 1st dose of HBV/HPV within the given year and were provided immunization are included in the total; students who have received their first dose during the 2nd or 3rd dose clinics or students in other grades who have received their catch up 1st dose of HBV/HPV are not included). HPV administration was first introduced in 2008/2009 school year. The total number of school based immunizations reflected for each school year reflect 1st dose totals only. They do not include catch up numbers or reflect the full series for each of HBV and HPV. In 2010/11 Varicella immunization was discontinued.

30. Source: MIS Renal Program Administrative Director.

a) Includes treatments from the regional dialysis program locations at Health Sciences, St. Boniface and Seven Oaks hospitals. Based on statistics provided by the Administrative Director, Manitoba Renal Program.

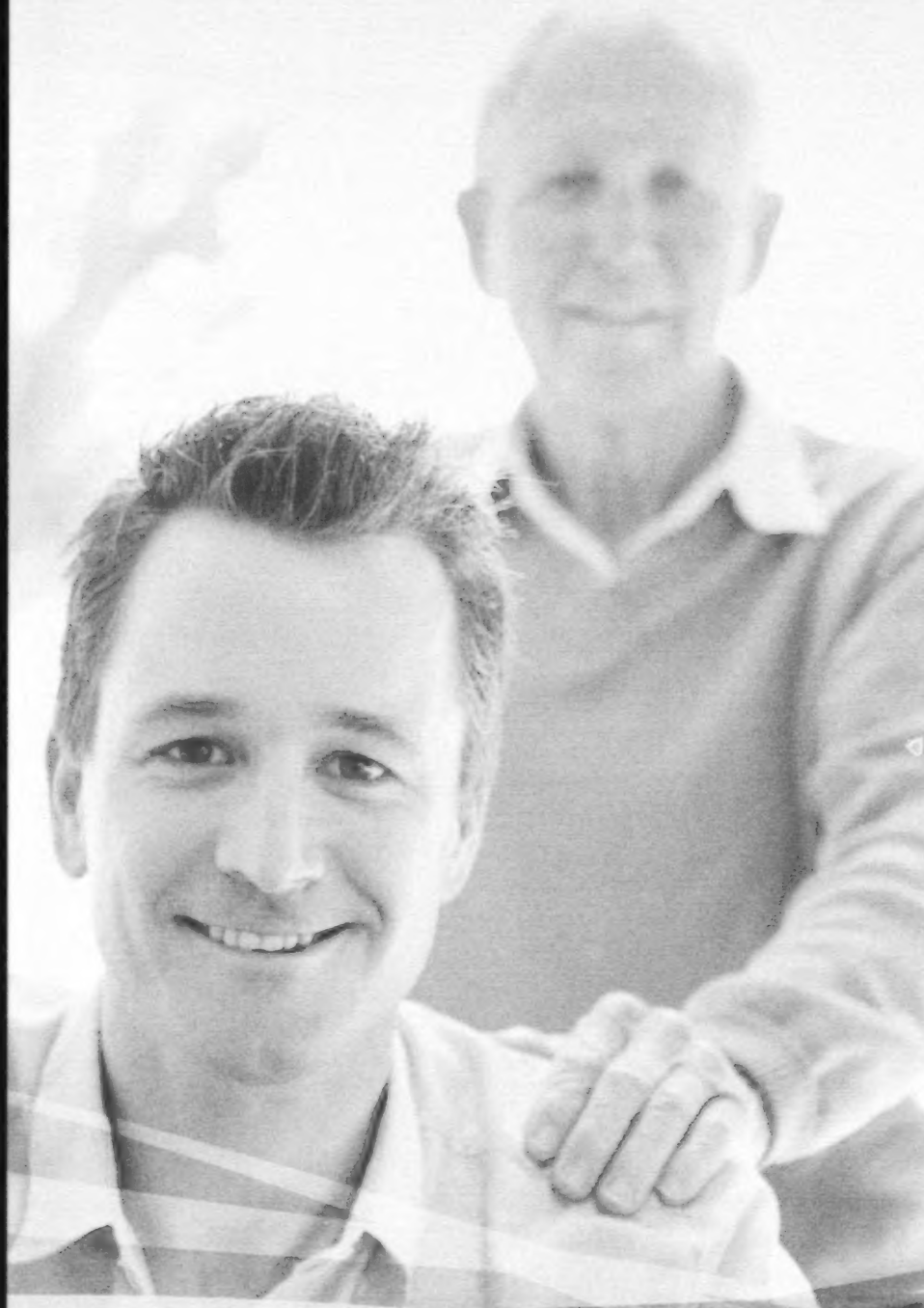
(b) Average patient volumes over the fiscal year is provided by the Administrative Director, Manitoba Renal Program

CAPD - Continuous Ambulatory Peritoneal Dialysis

CCPD - Continuous Cycler-assisted Peritoneal Dialysis

care for all

care for all



For environmental purposes a limited number of reports are printed. Copies are available on CD ROM or visit the website www.wrha.mb.ca

Winnipeg Regional Health Authority

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Pour de plus amples renseignements au sujet de l'ORSW, voir http://www.wrha.mb.ca/index-f.php

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Winnipeg Regional Health Authority
Caring for Health

Office régional de la santé de Winnipeg
À l'écoute de notre santé